

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ti Geal
Centre ID:	OSV-0004074
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 August 2017 09:00 To: 17 August 2017 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 25 and 26 November 2015. Five actions were identified following the previous inspection, the inspector found that all of these actions had been implemented as described.

How we gathered our evidence:

As part of the inspection, the inspector was introduced to five residents in the centre. The inspector offered to meet with residents individually; however, the residents declined the inspector. The inspector did observe that residents interacted warmly with staff and appeared to enjoy their surroundings. The inspector spoke with three staff members, including the person in charge. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised of a large two storey house that accommodated up to six residents who have an intellectual disability. The centre offered a respite service to a number of residents and the centre had a specific bedroom for respite users. Each full-time resident also had their own bedroom which was warm, comfortably furnished and decorated with personal effects. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. The centre had an adequate amount of reception rooms and was located within walking distance of local shops and restaurants. Suitable transport was also available for residents who wished to access other facilities within their local community.

Overall judgment of our findings:

This inspection found that a high quality service was provided to all residents in the designated centre and that residents were treated with dignity and respect.

Outcomes including residents' rights, social care, premises, safeguarding, medications, governance and management and workforce were found to be in compliance with the regulations. However, the inspector found that improvements were required in relation to outcomes including health and safety and healthcare.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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):

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

Findings:

On the day of inspection, the inspector found that the rights and dignity of residents was promoted in the designated centre. The action from the previous inspection was addressed with an appeals procedure in place for all received complaints.

The inspector observed that residents were consulted during the inspection in regards to a range of activities and meal choices. Residents' meetings were occurring on a regular basis and one of these meetings occurred on the day of inspection with topics such as excursions, meal choice and fire safety discussed.

The centre had information in an easy-to-read format on display in relation to rights, advocacy and complaints. The centre maintained a log of all received complaints and there was evidence available to indicate that all complainants were given feedback as to the outcome of their complaint.

Each resident had an intimate care plan which detailed the support requirements and preferences of each resident. These plans were clear and also stated each residents' level of independence and where assistance may be required. Each resident's personal plan contained a range of consent forms which had been signed by the resident or their representative in areas such as support with finances, getting the influenza vaccine and choice of pharmacy.

Staff on duty assisted residents with managing their finances and a detailed log of all money spent on behalf of residents was maintained. The person in charge was carrying out regular checks of these logs, associated bank statements and receipts.

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:
On the day of inspection, the inspector found that the residents' welfare and wellbeing was maintained to a good standard.

The inspector reviewed a sample of residents' personal plans and found that they were comprehensive in nature and contained areas such as personal goals, healthcare, risk management and daily notes. Each plan was reviewed regularly and was made available in an accessible format to residents who also retained possession of their plans.

Residents were supported to identify and achieve goals through an annual review and circle of support meeting. These meetings involved the resident, their family and key workers from both the designated centre and associated day centre. Each goal identified had a clear action plan in place. The inspector found that good progress had been made in assisting residents to achieve goals such as attending dance classes to maintain fitness, concerts and discos.

Residents were supported to access the community on a daily basis. Daily records and activity sheets indicated that residents enjoyed a range of activities such as bowling, cookery, attending local shops and social events.

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):

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

Findings:

On the day of inspection, the inspector found that the premises met the assessed needs of residents. The action from the previous inspection had been addressed with bathroom equipment reviewed by the occupational therapist.

The centre was warm, clean and had appropriate lighting and ventilation. The centre had two reception rooms in which residents could receive visitors such as family and friends. There was a large kitchen which was suitably equipped and a separate large dining space.

Each resident had their own bedroom which was decorated with items of personal interest and suitable lockable storage was available for resident's personal possessions.

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):

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

Findings:

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. However, some improvements were required in regards to fire precautions. The actions from the previous inspection had been addressed with a thermostatic controlled shower installed and a report available for review, which had been completed by a competent person, in regards to the use of one identified set of fire doors in the centre.

The provider had fire precautions in place which included a fire alarm, fire doors, emergency lighting, fire extinguishers and smoke detection devices. Staff had conducted

regular audits of these systems to ensure they were in good working order and all equipment was serviced by an external contractor.

The centre had fire doors in place throughout and the provider had installed a fire door closing device for one high risk area of the premises. Some fire doors were open on the morning of inspection which was the preference of residents; however, the provider had not assessed this in terms of risk and did not have systems in place to ensure that all fire doors would close in the event of a fire.

Staff were conducting regular fire drills which demonstrated that all residents could be evacuated in a prompt manner in the event of a fire. The person in charge also maintained records to ensure that residents, respite users and staff had taken part in a fire drill. The procedures to be followed in the event of a fire occurring were on display

Staff were guided to evacuate residents by personal emergency egress plans (PEEPS) and a centre emergency evacuation plan (CEEP). Staff had a good understanding of resident's PEEP's, including the use of visual prompts such as torches. However, staff were not clearly able to identify all fire zones in the centre as described on the CEEP.

The person in charge maintained a risk register for all identified risks in the centre such as fire, infection control, behaviours that may challenge, accidental injury and safeguarding. Each identified risk was regularly reviewed and had appropriate control measures in place to negate the identified risk.

The person in charge also maintained records of all adverse events within the centre and the actions taken in response to managing these events. Infection control was also promoted within the centre with hand washing actively promoted and a cleaning schedule in place.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that residents were protected from potential abuse.

The inspector observed that staff interacted with residents in a warm and caring manner. Staff also had a good understanding of identifying abuse and could clearly articulate the reporting procedures used within the organisation, including identifying the designated officer to manage allegations of abuse.

The centre had some restrictive practices in place which had been risk assessed and implemented with the informed consent of the resident and their representatives. Each restrictive practice had been referred to the organisation's human rights committee for review and their use had been upheld. Staff on duty maintained a log of the use of each restrictive practice and there were procedures in place to ensure that each restrictive practice was implemented for the shortest duration possible.

There were some behavioural support plans in place which were regularly reviewed and included proactive and reactive strategies used to support residents in this area of care. Staff were also found to have a good knowledge of these plans.

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:

On the day of inspection, the inspector found that residents were supported to maintain a good quality of health. However, some improvements were required to residents' healthcare plans.

Residents had regular access to their general practitioner and allied health professionals such as speech and language and occupational therapy. All recommendations resulting from these reviews, such as modified diets, were found to be implemented as prescribed.

Staff maintained detailed healthcare notes in relation to all attended appointments and staff were guided by care plans in relation to epilepsy and attending the services of the mental health team. However, a plan of care in place to assist staff in the delivery of

good dementia care, including monitoring for signs of change in regards to the progression of the condition, had not been put in place.

Residents had access to wide and varied meal choices and regular snacks and refreshments were observed to be available to residents throughout the inspection.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that designated centre had appropriate medication practices in place.

The inspector reviewed a sample of prescription sheets and found that they contained all the required information to support staff in the safe administration of medications. Medication administration recording sheets indicated that medications were being administered as prescribed.

The centre had lockable storage facilities for all medications and staff were conducting regular stock checks of medications. The person in charge was conducting monthly audits of medication practices within the centre and an external pharmacist was reviewing medicines within the centre twice yearly.

Staff had received training in the safe administration of medicines and could clearly articulate the steps to be followed in regards to the administration of medicines and the associated recording procedures. Residents had been assessed to self-medicate, but no residents were self administering their medicines on the day of inspection.

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):

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

Findings:

On the day of inspection, the inspector found that the provider had suitable governance and management arrangements in place. The action from the previous inspection had been addressed with a quality improvement plan generated following the annual review of the service.

The person in charge was in a full time role and had sufficient time allocated to carry out their duties. The person in charge was suitably qualified and experienced and was committed to their own further education and personal development. They also conducted regular audits of fire safety, medications and risks within the centre.

The provider had recently conducted a six monthly unannounced visit of the care provided to residents. During this visit the provider examined 14 outcomes. The findings of this visit were largely positive, but some actions were also identified. The inspector found that a clear plan had been implemented to resolve the identified issues and the person in charge had made good progress with this action plan.

The provider had also conducted the annual review of the quality of care provided. This review was completed following a consultation process with residents and their representatives.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that there were appropriate staff numbers in place to meet the assessed needs of residents.

A training needs analysis was completed for the centre which highlighted the on going training requirements for staff. A training matrix was also available for review and indicated that all staff had received training in areas such as fire safety, medications, safeguarding and manual handling. The inspector also found that staff in the centre were up to date with their training and were also being offered a suite of refresher training.

The person in charge maintained a staff rota which was found to be accurate on the day of inspection. Staff were also attending regular support and supervision sessions with the person in charge. Scheduled team meetings were occurring throughout the year.

There were no volunteers supporting residents on the day of inspection.

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:

Ivan Cormican
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-0004074
Date of Inspection:	17 August 2017
Date of response:	07 September 2017

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:

The provider failed to address the risk of fire doors remaining open.

1. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system

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

for responding to emergencies.

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

Overhead door closures are being installed in all internal doors in the designated centre and fire door retainers installed in a number of specific doors (common areas). Individual risk assessments have been updated with regard to fire safety for all residents. In the interim of above installation of door closures and door retainers, all fire doors to remain closed; Centre Emergency Evacuation Plan and Personal Emergency Evacuation Plans have been reviewed and updated to reflect this.

Proposed Timescale: 08/09/2017

Theme: Effective Services

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

The provider failed to ensure that staff were able to identify all fire zones in the centre as described on the centre emergency evacuation plan.

2. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The Fire Panel in this service is an "Addressable Fire Panel" which states the exact location of where the fire is located, should such a situation occur. The Centre Emergency Evacuation Plan has been reviewed and updated to reflect this information. This has been noted at staff meeting held on 23/08/2017.
Completed.

Proposed Timescale: 23/08/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provider failed to ensure that a plan of care was in place for the management of dementia care.

3. Action Required:

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

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

A personalised Dementia Health Care Plan is in place for the individual with a regular review process in place.
Completed.

Proposed Timescale: 21/08/2017