

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Arbutus Services
<b>Centre ID:</b>	OSV-0004105
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Ability West
<b>Provider Nominee:</b>	Frances Murphy
<b>Lead inspector:</b>	Stevan Orme
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	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 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: 25 January 2017 09:00 To: 25 January 2017 17:35

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This was an unannounced monitoring inspection carried out to monitor ongoing compliance with the regulations and standards. As part of the inspection, the inspector reviewed actions the provider had undertaken since the previous inspection conducted on 5 and 6 March 2015. The designated centre is part of the service provided by Ability West in Galway. The centre provided a full-time seven day residential and respite service to adults with a disability. Respite placements at the centre were planned and of a short duration.

How we gathered our evidence:

During the inspection the inspector met with six residents in either a group or individual setting at the centre. Residents told the inspector that they enjoyed living at the centre and that staff were friendly and helped them to meet their needs. Residents told the inspector that they had access to a range of activities of their choice both in their local community as well as being supported to visit Dublin and other parts of the country. Residents told the inspector that they were involved in decisions about their support and the goals they wished to achieve for the year.

Furthermore, residents were aware of their rights especially if they were unhappy with any part of the centre and how to make a complaint.

The inspector met with three staff members during the inspection. The inspector found staff to be knowledgeable on the needs of residents. The inspector observed staff supporting residents in a timely and sensitive manner, which was reflective of their needs. In addition, the inspector reviewed documentation maintained at the centre such as personal plans, health records, risk assessments, policies and procedures and staff files.

The inspector interviewed the person in charge as part of the inspection and found them to be suitably qualified. Furthermore, the person in charge was both knowledgeable on the needs of residents and their requirements under regulation.

#### Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre comprised of two residential units which were a short distance from each other. One unit comprised of a two storey house which provided full-time staff support for five residential residents as well as planned respite care. The second unit was a terraced two storey house, which provided support in the evening time to two residents. Both units under the designated centre were in close proximity to local shops and amenities.

The larger residential unit comprised of five bedrooms of which one had an en-suite shower facility. In addition, the unit had a further two communal bathrooms with walk in shower arrangements provided. The unit provided a communal sitting room and kitchen dining room along with staff office and sleepover facilities and a laundry room. The second unit comprised of two resident bedrooms with a communal bathroom, sitting room and kitchen dining room which included laundry facilities.

#### Overall Findings:

The inspector found that residents were happy at the centre and received a good quality of support, which was reflective of their needs. The centre supported residents to lead an independent life, with arrangements in place to promote the rights of residents. The inspector found, in the main, health and safety arrangements ensured residents were safe, although further actions were identified in regards to fire safety - as outlined in the main body of the report. In addition, governance and management arrangements were robust in the centre, although the inspector found that unannounced provider visits to the centre and the annual review of care and support provided had not been completed in line with regulatory requirements.

The inspectors found staff to be knowledgeable about the needs of residents and had access to a range of mandatory and specific training, although training records showed that some staff required refresher training to be compliant with the provider's training policy requirements.

#### Summary of regulatory compliance:

The centre was inspected against twelve outcomes. The inspector found compliance in nine out of twelve outcomes inspected in relation to complaints, social care, premise, healthcare, medication management, centre's statement of purpose, notifications and workforce. The inspector found moderate non-compliance in two outcomes relating to the centre's fire safety arrangements and compliance with regulation 23 of the Health Act 2007 (Care and support of residents in designated centres for persons (children and adults) with disabilities regulations 2013). Substantial compliance was found in one outcome relating to staff training.

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:**

The centre's complaints policy was displayed in an accessible format, and was reflective of residents' knowledge.

The inspector did not focus on all aspects of this outcome and only examined actions taken to address the findings of the previous inspection, relating to the accessibility of the centre's complaints procedures. The inspector observed information on the complaints procedure displayed prominently at the centre, in an accessible format. Furthermore, the policy was reflective of both residents' and staffs' knowledge.

Throughout the inspection, residents were supported in a respectful and dignified manner by staff. Residents appeared comfortable with the support they received. Residents told the inspector they enjoyed living at the centre and told the inspector that if they were not happy with an aspect of the centre, they would tell the person in charge or a staff member. Residents told the inspector that they were asked if they had any complaints about the centre or their support in their regular residents meetings, which was reflected in minutes reviewed.

The inspector reviewed the centre's complaint register which clearly recorded all complaints received, actions taken to resolve them, and the satisfaction of the complainant with the outcome.

**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:**

Personal plans were regularly reviewed and reflective of residents' needs and knowledge.

The inspector sampled residents' personal plans. Personal plans were comprehensive and identified support needs in areas such as personal care, health, morning and evening routines, dietary needs, leisure activities and relationship needs. The inspector observed evidence of plans being regularly updated following multi-disciplinary input, such as recommendations from dietician and behaviour therapists. Personal plans were available in an accessible format to residents, with residents having a copy of their plan in their bedrooms. Personal plans were reflective of both resident and staff knowledge.

Residents, through their bi-annual 'Circles of Support' meetings were supported to identify personal goals for the year. The inspector reviewed records which showed residents fully participated in the meetings. Meetings were also attended by residents' representatives, centre staff and other support agencies, such as day service representatives. Goals identified in the meetings were meaningful, developmental in nature and reflected the needs of residents. In addition, goals clearly showed the steps to support their achievement, identified named staff support and gave timeframes for achievement, in order to assess their effectiveness.

Residents told the inspector that they were working towards goals such as weekend's away, home sharing, doing more exercise and being more independent. The inspector found that daily activity records were reflective of the goals residents were working towards. Records further showed that residents were supported to access a range of home and local community activities.

The inspector found that residents' personal plans and goals were reviewed annually in their 'Case Reviews'. Reviews were attended by the resident, their representatives, staff and multi-disciplinary professionals. Actions identified in the reviews were incorporated into personal plans reviewed by the inspector.

**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:**

The inspector found that the previous inspection's findings had been addressed.

The inspector did not examine all aspects of this outcome and focused on the findings of the previous inspection in relation to the accessibility of the building. Following the previous inspection, the inspector found that the locks on both the front and back door of the premises had been changed from key to 'thumb turn' locks, to ensure the full accessibility of the building to residents.

**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:**

Risk management and fire safety arrangements at the centre ensured residents were safe, although further fire safety actions were identified by the inspection.

The centre had an up-to-date risk management policy and risk register in place. The centre's risk register identified risks relating to the premises, with risks to residents being captured in residents' own risk assessments, which were reviewed by the

inspector. The inspector found that risks and agreed controls, to mitigate risk, were reflective of both residents and staff knowledge. In addition, the risk register included the risk of scalding and following the previous inspection, thermostatic regulator controls had been installed on the centre's showers and sink taps.

The inspector reviewed the centre's safety statement which was up-to-date and guided staff on actions to take in the event of incidents, such as a fire and power failure at the centre. The inspector found that staff knowledge was reflective of procedures described in the centre's safety statement.

The centre maintained records on accidents and incidents that occurred. Records reviewed by the inspector clearly described the incidents including accidents involving staff or residents, medication errors and near misses. Records further included the actions taken by the staff following the incident and any identified learning to prevent reoccurrence, such as staff training and revisions to residents' personal plans and risk assessments. The inspector reviewed staff meeting minutes which showed that incidents and accidents were further discussed with staff.

The centre had access to its own transport. The centre's vehicle was equipped to meet the needs of residents and well maintained.

Infection control practices reflected both staff knowledge and the centre's policy. Laundry facilities were provided and both staff and residents had access to hand sanitisers throughout the centre. In addition, the inspector observed hand hygiene information displayed in the kitchen and communal bathrooms.

The inspector reviewed the centre's fire safety arrangements. The inspector found that suitable fire equipment was provided at the centre. Records reviewed showed that all equipment was regularly checked both by staff and external contractors to ensure it was in full working order. Fire equipment at the centre included a fire alarm, fire call points, smoke detectors, fire exit signage, fire extinguishers and emergency lighting. In addition the centre had fire doors, which in the main, were secured by magnetic door release devices, however the inspector observed a fire door in the centre that did not have an automatic release mechanism installed and was wedged open, preventing its effectiveness in the event of a fire.

The inspector reviewed the centre's fire drill records. Records showed that regular simulated fire drills were conducted at a range of times and using minimal staffing levels. The inspector found staff knowledge was reflective of both residents' needs and the centre's procedures, in the event of a fire. The inspector found however that 'Personal Emergency Evacuation Plans' (PEEPs) had not been completed for all residents at the centre. Where PEEPs had been completed, the inspector found they were reflective of both staff and residents' knowledge on supports needed, in the event of an evacuation.

The centre's fire evacuation plan was prominently displayed in the centre, with an accessible version available for residents. The inspector discussed the fire evacuation procedures with residents and found that they had a good understanding of the centre's evacuation plan. Residents told the inspector that they had all participated in simulated

fire drills at the centre.

The inspector found that although staff were knowledgeable on actions to take in the event of a fire, training records showed that not all staff had up-to-date training in line with the provider's policy

**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:**

The inspector found that staff knowledge was reflective of the centre's policy on the prevention, detection and investigation of abuse, and residents received personalised support in the management of behaviours of concern.

The centre had an up-to-date policy on the prevention, detection and investigation of abuse in place. Staff were able to tell the inspector what constituted abuse and the actions they would take, if suspected, in line with the centre's policy. Staff told the inspector that they had accessed training on safeguarding of vulnerable adults. The inspector reviewed staff training records which showed that 100% of staff at the centre had received up-to-date training.

The centre had an up-to-date policy on the management of behaviours of concern, which included the use of restrictive practices. The inspector reviewed residents' behaviour support plans. Plans were developed with a named behavioural therapist and reviewed regularly. Behaviour plans included proactive and reactive strategies to support the resident and were reflective of staff knowledge.

Furthermore, the inspector reviewed records of incidents of behaviours of concern and found that these were discussed with staff in team meetings and personal supervision. In addition, where incidents had led to a change in support practices, the inspector found that residents' risk assessments and behaviour support plans had been updated.

The inspector found that although staff knowledge and practices reflected residents' behaviour support plans, not all staff had received up-to-date positive behaviour management training in line with the provider's policy.

The inspector reviewed restrictive practices operated at the centre, such as the use of a bedroom door alarm sensor and a locked clothes wardrobe. Records reviewed showed that the restrictive practice had been approved and was subject to regular review by the provider's Human Rights Committee. The inspector found that restrictive practices used to support residents were the least restrictive method available. Furthermore, residents were able to tell the inspector about the restrictions in place and had no objection to them, as they felt it met their needs and kept them safe.

**Judgment:**

Substantially 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:**

The inspector found that residents had access to a wide range of allied healthcare services and were supported to maintain a healthy diet.

The inspector reviewed residents' healthcare records. Residents had access to a range of allied healthcare professionals reflective of their needs which included general practitioners (GP), medical consultants, psychiatrist, dentists and chiropodists. Residents were further supported to access health prevention screenings appointments and accessed annual health checks with their GP.

Healthcare supports required by residents were detailed in their personal plan file. Healthcare supports were regularly reviewed and reflective of staff knowledge, especially in the management of residents' specific medical conditions.

The centre maintained records of meals provided. Food records showed residents had access to a range of healthy and nutritious food. Where residents had been assessed by a dietician, recommendations on special diets such as lactose and gluten free had been incorporated into menu plans. Staff knowledge was reflective of the dietary needs of residents.

Residents told the inspector that they choose the weekly menu and were involved in

both food shopping and meal preparation dependent on their abilities, which was further reflected in records reviewed and staff knowledge.

**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):**

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

**Findings:**

The centre's medication arrangements were reflective of the provider's policy and previous inspection's findings had been addressed.

The inspector found that medication administration records were reflective of prescription records reviewed. Medication records included residents' personal information such as their date of birth, General Practitioner (GP) and home address. Medication administration records clearly showed prescribed medication's dosage, route and administering times.

Medications was administered to residents by staff who had completed 'Safe Administration of Medication' training, which was reflective of training records and staff knowledge. The names of all staff administering medication were recorded in a signature bank maintained with the centre's medication records.

Medication records for 'as and when required' medication, such as pain relief, clearly showed the maximum dosage prescribed. The inspector reviewed medication and healthcare records, and found that medications were regularly reviewed by the resident's GP and psychiatrist.

The inspector observed that medication was securely stored at the centre. Following the previous inspection, a new medication fridge had been acquired, and records of the fridge's temperature were maintained to ensure its effectiveness. The inspector observed that out-of-date or discontinued medication was stored separately from current medications. The inspector reviewed procedures for the disposal of out-of-date or discontinued medication, which included the return of medication to a local pharmacy. The centre's procedure was reflected in returned medication records and staff knowledge.

The previous inspection had identified the need for a register of all controlled medication

to be held at the centre. No controlled medication was administered at the centre at the time of inspection, although the inspector observed that the centre's medication policy had been updated and included arrangements for the storage, administration and monitoring of controlled medication.

**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:**

The centre's statement of purpose was reflective of the services and facilities provided.

The centre had reviewed and updated its statement of purpose on the 20 January 2017. The inspector reviewed the document and found that it was reflective of the services and facilities available to residents living at the centre, and was in line with the requirements of schedule 1 of the regulations.

An accessible version of the statement of purpose was available to residents as part of the centre's residents' guide.

**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:**

The centre's governance and management arrangements ensured residents were supported in line with their personal plans, although the requirements of regulation 23 had not been fully addressed.

The management structure was reflective of the centre's statement of purpose and staff knowledge.

The person in charge was full-time and responsible for the centre. The person in charge was suitably qualified and knowledgeable of the residents' needs, and their regulatory responsibilities. The person in charge had a daily presence at the centre and was rostered during the week for both administrative and resident support shifts. The person in charge facilitated staff meetings and supervision, which was reflected in records examined and through discussions with staff.

Staff told the inspector that they found the person in charge to be both approachable and responsive to their needs. Staff further said that they would have no reservation in raising concerns about the centre to the person in charge, either through team meetings or their supervision meetings.

The person in charge completed regular audits on procedures at the centre such as medication management, household cleaning and financial records to ensure compliance with the provider's policies. Staff meeting records reviewed showed evidence of issues raised by the audits being discussed with staff, to ensure further compliance and good practice.

The inspector reviewed six monthly unannounced visits to the centre by the provider. Reports were comprehensive in nature and were reflective of regulatory requirements. Furthermore, the inspector reviewed documentation completed by the person in charge to address the visits' findings. The inspector found that although an unannounced visit had been completed for both houses within the designated centre, they had occurred only in the first six months of 2016 and did not meet the requirements of regulation 23(2) of the regulations. Copies of the unannounced visit reports completed at the centre were available at the time of inspection.

The inspector reviewed the 2015 annual review of care and support at the centre which included a review of unannounced provider visits, complaints received and accidents and incidents at the centre. In addition, the 2015 review included the outcome of consultation with residents and their representatives. The 2015 annual review was available at the time of inspection; and the inspector was assured by the person in charge that the 2016 review was being completed by the provider.

**Judgment:**

Non Compliant - Moderate

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

**Findings:**  
The provider was aware of their requirement to notify the Health Information and Quality Authority (HIQA) of any absence over 28 days.

The previous inspection had found that HIQA had not been informed of the person in charge's absence for over 28 days. The inspector reviewed information displayed at the centre which clearly listed all notification requirements under regulation. The inspector found that the provider's knowledge was reflective of their requirements under regulation including the need to inform HIQA of said absences from 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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
Staffing levels, and training provided at the centre, was reflective of residents' needs.

The centre had both a planned and actual roster, which was reflective of staffing provided during the inspection. Staffing levels at the centre enabled residents to access a range of home and community activities, which was reflective of personal plans

sampled. Residents told the inspector that they were able to access activities of their choice, both individually or as a group, which reflected daily records examined.

Residents told the inspector that staff were available to help them, they liked the staff and enjoyed living at the centre. The inspector observed staff interactions with residents, throughout the inspection. Staff supported residents in a timely manner, reflective of their needs, in areas such as meal preparation and healthcare.

Staff had access to a range of mandatory and specific training which was reflective of the centre's statement of purpose. The inspector reviewed training records in respect to the findings of the previous inspection on access to 'end of life' training. Records reviewed showed that following the previous inspection, staff supporting residents with palliative care needs at the time had received end of life training at the centre. The inspector noted that at the time of the inspection no residents required palliative care.

Staff told the inspector that they attended team meetings chaired by the person in charge. The inspector reviewed meeting minutes which reflected discussions on topics such as resident needs, staff training and organisational policy.

In addition to team meetings, staff received regular supervision from the person in charge. The inspector examined supervision records which showed staff were supported to meet residents' needs and access training opportunities.

Staff knowledge on regulatory requirements such as notifiable events was proportionate to their roles and responsibilities.

The inspector reviewed a sample of personnel files which contained all information as required under Schedule 2 of the regulations.

**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):**

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

**Findings:**

Policies on controlled medication and end of life care had been updated following the previous inspection.

The inspector did not examine all aspects of this outcome and focused on actions taken to address the findings of the previous inspection.

Following the previous inspection, the centre's medication policy had been revised and included arrangements for the storage, monitoring and disposal of controlled drugs; although on the day of inspection no controlled medication was prescribed at the centre.

In addition, where residents had been assessed to self administer medication, the policy now stated that assessments of residents should occur annually.

The inspector reviewed the centre's End of Life policy, which following the previous inspection, included information on best practice such as resident consultation, bereavement support and funeral arrangements.

**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:***

Stevan Orme  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0004105
<b>Date of Inspection:</b>	25 January 2017
<b>Date of response:</b>	21 February 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:**

Staff at the centre had not all received up-to-date fire safety training.

#### 1. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control

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

techniques and arrangements for the evacuation of residents.

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

Staff at the centre have all received up-to-date Fire Safety training as of 02/02/2017.  
COMPLETED

**Proposed Timescale:** 02/02/2017

**Theme:** Effective Services

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

The inspector observed a fire door has wedged open at the centre ,preventing its effectiveness in the event of a fire,

**2. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Wedge has been removed and issue to be discussed at staff meeting on 21/02/2017, reminding staff that the use of wedges is permitted. Facilities Manager is scheduled to call and review on 22/02/2017 to assess option of replacing existing door with a fire door.

**Proposed Timescale:** 30/04/2017

**Theme:** Effective Services

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

Personal Emergency Evacuation Plans were not completed for all residents at the centre.

**3. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Personal Emergency Evacuation Plans have been completed for all residents.  
COMPLETED.

**Proposed Timescale:** 29/01/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Not all staff had received up-to-date positive behaviour management training in line with the provider's policy.

**4. Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Staff have been nominated for the next scheduled training which is taking place in March 2017.

**Proposed Timescale:** 31/03/2017

**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:**

Unannounced visits to the centre by the provider or their nominated person had not occurred every six months.

**5. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

An unannounced provider led audit was carried out on this service on 28/10/2016. However, the report had not been circulated. The processes of circulation of unannounced provider-led audits in a timely manner has been addressed at the Auditor team meeting in February 2017. Unannounced provide led audit report and action plan from this audit now in place and completed for the service.  
COMPLETED.

**Proposed Timescale:** 17/02/2017