

**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-0001500
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):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
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:
05 August 2015 11:00	05 August 2015 19:00
06 August 2015 09:55	06 August 2015 15:30

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 was the first inspection of this designated centre which is a two storey house providing respite care on a weekend basis. The centre provides support for a maximum of nine residents at any one time.

A number of residents had moved into the centre earlier in the year due to their previous residence being deemed unsuitable by the provider. A plan was in place to acquire more appropriate safe & suitable premises for those residents similar to what they had lived in previously. There was comprehensive evidence to show residents who had moved and residents who had already lived in the centre, were consulted

with and kept informed of the organisation's progress in acquiring new accommodation to meet their needs. Some residents who had moved into the centre from their previous residence told the inspector, they liked living in the centre they didn't want to move out.

The provider had ensured residents had moved into a designated centre with the capacity to afford all nine residents their own bedroom and large enough communal spaces that afforded residents comfort and accessibility. There were also more than adequate toileting and bathing facilities for residents in the centre. In total there were six toilets, two baths, one shower and one 'wet room'.

As part of this inspection the inspector met with residents, staff, the person in charge and a person participating in management. The inspector reviewed documents including residents' personal plans, medication documentation, staff files, risk management procedures, emergency plans, equipment servicing records, and policies and procedures.

The person in charge demonstrated competency in relation to her role throughout the inspection. In addition, both the person in charge and the person participating in management demonstrated knowledge of their responsibilities under the Regulations.

There was evidence of good practice in all areas. However, moderate non compliance was given for Outcome 12: Medication Management. The organisational policy for transcribing of medications without an associated medical practitioner signature was not in line with Bord Altranais agus Cnáimhseachais na hÉireann guidelines for transcribing. This also led to a Moderate non compliance in Outcome 18: Records and Documentation whereby organisational policies were found to not provide staff with best practice guidance and direction in relation to medication administration and transcribing practices.

A significant manual handling risk was identified by the inspector on the first day of inspection. A resident had been prescribed specific manual handling techniques using a hoist, while a hoist had been sourced, there was no sling available and therefore the hoist centre and three staff were necessary to assist the resident's mobility needs. After the close of the second day of inspection, the inspector was given verbal confirmation that a sling had been sourced. However, it was not in the centre by the close of inspection and therefore an action was given in Outcome 7, Health & Safety & Risk Management.

Residents living in the centre were older age people, some of which had age related illness and complications. While the care they received incorporated the skills and review of allied health professionals, staff supporting them were not trained in how to carry out health care related risk assessments, for example, pressure ulcer risk assessments. This required review to ensure associated older age health care risks did not go unidentified which could lead to poor outcomes for residents. Outcome 11, Healthcare Needs received a moderate non compliance in light of this.

These and other findings are discussed in the report and the actions required are included in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Overall residents' rights and dignity were promoted and supported within the centre. Consultation with residents occurred through facilitated regular staff/resident meetings. Residents' financial affairs were robustly managed and activities for residents were suited to their abilities and interests.

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

Activities available in and out of the centre were age appropriate and reviewed regularly through consultation with residents, their key worker and family. At the time of inspection some residents were on a break from their usual day service. An itinerary of activities was available to residents during this period based on their interests and choices. For example, a resident went on a trip to Inisbofin at the time of inspection and was having a rest day on the second day of inspection. All residents had opportunities to engage in activities in the day and evening time each week.

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.

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. The person in charge outlined how residents' finances were managed in the centre. Each resident's financial records were checked regularly and an up to date ledger maintained for each individual resident with receipts maintained for all purchases.

A financial consent form was in each resident's 'static file'. From the sample reviewed they had been signed by the resident or their representative. However, for residents that had recently moved into the centre their financial consent forms were not up to date and set out that they were still residing in the previous designated centre. They were not reflective of the designated centre they were living in. This required review.

Residents had access to advocacy services and leaflets from an advocacy service with contact details were available in both residential units. The inspector spoke with a resident who was the deputy chairperson for an advocacy group for residents in Ability West. He outlined to the inspector that they met every two weeks to talk about issues. He also told the inspector that the group often wrote to Government officials about various issues affecting them, an example given was the recent cutbacks. They organised the Christmas party and some charitable events also.

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 more centre specific and in an accessible format, 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 inspector spoke with the nominated person to manage complaints in the centre. They were very knowledgeable of the procedures and regulations in relation to complaints management and their responsibilities. This was evidence of good complaints oversight in the centre.

A revised organisational complaints policy was in place. This outlined in detail the steps to be taken when conducting varying degrees of a complaints investigation. Complaints were logged on a computerised system.

Complaints and their management 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:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

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.

Residents that required specific communication supports had an individualised communication profile in their personal plan and also located in their bedrooms, for example.

Some residents had visual disabilities which required support. The National Council for the Blind had visited the centre and made recommendations in relation to lighting in certain areas. This would support residents with visual impairments for example. Other residents wore glasses and were supported to attend ophthalmic appointments and required.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents had developed links with their local community. Some residents had lived in their residential setting for many years and had a presence in the locality, for example, residents regularly visited the nearby shops, cafes, restaurants. Some had paid employment and others regularly participated in local fund raising.

Family links were encouraged also and there was written evidence whereby residents' families attended 'circle of support' meetings and were involved with decisions relating to residents lives. Visiting was unrestricted and encouraged. Some residents visited their friends who were in other designated centres throughout the organisation.

Throughout the centre there were photographs of residents' family and friends. Some residents had experienced bereavement and told the inspector they had been supported

during those times.

Residents had an active presence in the community through charity fund raising events. Another resident spoken with had, until recently, helped out local business with delivering post. They had sustained an injury which impacted on their mobility but told the inspector as soon as they were better they would really like to go back to that job again because they enjoyed it so much and they got to meet lots of people.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

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.

An addendum had been also added to the contracts of care which further set out information in relation to other matters which gave residents and their families' further clarification on fees the resident may incur.

As mentioned in the summary of this report, a number of residents had transferred into the centre from another designated centre which was deemed by the provider to be not suitable. There was evidence in the form of minutes of meetings and consultation with the residents in relation to their move to the centre. Residents spoken with said they were content with the arrangements as they were confident the move was temporary and the provider, area manager (PPIM) and Person in charge had kept them regularly informed of the progress in them moving to a new designated centre.

From reading the evidence presented the inspector was satisfied residents had been fully consulted with in relation to their admission to the centre and had been issued revised contracts of care to reflect the new centre they lived in.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Residents social care needs were found to be well met on this inspection. Each resident's well-being and welfare were documented in their personal plans. Their personal goals for the current year were also contained in them. Person centred planning and 'circle of support' meetings formulated the goals for residents based on their interests, abilities and identified needs. Residents spoken with were aware of their goals and had an active part in their planning process.

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 in the resident's files, such as psychiatry, physiotherapy and speech and language therapy (SALT).

There were opportunities for residents' to participate in meaningful activities appropriate to their interests and capabilities. Some residents attended a day activity service provided by Ability West Organisation. Activities residents participated in were noted to be varied in nature and reflective of a interesting opportunities and experiences.

Residents were supported to participate in recreational activities in their local community; such as going to the cinema and pub, swimming, using the Jacuzzi in the local pool. Other pursuits included exercise classes such as tag rugby and yoga.

There was evidence to indicate residents had achieved a number of goals identified. Person centred goals were reviewed at least annually. Residents' families were actively involved in personal planning meetings for residents.

All residents had a copy of their plan in an accessible format, generally located in their bedroom. Pictures and photographs were used to illustrate goals achieved or goals identified.

Multi-disciplinary allied health professional assessments and reviews were also

maintained in residents personal plans as part of residents' overall social care plans. Care plans had been developed from recommendations made by allied health professionals which guided staff in how to carry out recommendations specific to the resident they were intended for.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The location, design and layout of the centre were suitable for the needs of residents as set out in their personal plans and statement of purpose. However, lighting in some areas was inadequate and required artificial lighting. Given some communication needs of residents, sight loss for example, and some residents presenting with early onset dementia, a review of this was necessary to ensure residents remained as independent as possible.

As outlined in the summary of the report four residents had moved into the centre earlier this year due to premises issues in their previous residences. There were plans for their stay in the designated centre to be temporary and the inspector was satisfied that plans were in place for residents to move into new accommodation which would meet their needs. Residents spoken with were fully aware of the process and knew this move was temporary and were kept informed at all times of the stages of where the organisation was at to find them more permanent accommodation.

The inspector, reviewed the current designated centre to ensure it met the needs of all residents living there, both permanent and temporarily. The inspector found that overall the provider had ensured all residents were provided with adequate privacy and comfortable accommodation during this period which demonstrated the provider had put thought and consideration into where residents were moved to in this transition period.

Overall, the inspector found the centre to be a comfortable, clean, spacious pleasant place for residents to live in. There was one living room which was comfortable and very spacious. Residents' bedrooms had adequate space for furniture, specialised equipment and personal belongings. The decor and furnishings were modern and tasteful throughout. A ground floor toilet/wet room had fitted contrasting coloured toilet seats and hand rails which kept in line with best practice in dementia design. This was encouraging to see given some residents in the centre had been diagnosed with early

onset dementia.

Records were available to indicate that equipment in the centre had been serviced as required. Logs to the organisation's maintenance manager, by the person in charge, showed evidence of prompt actions by the person in charge in response to premises issues identified at any given time.

There were in total six toilets, two baths, one shower and one 'wet-room'. They had been adapted to meet the mobility needs of residents that lived there. Thermostatic control valves had been fitted to sinks within the centre. This prevented risk of scalding to residents from water that was too hot.

The external grounds were clean, well maintained with an adequate supply of waste disposal and recycling equipment at both settings. The provider had increased the bin storage facilities for the centre to accommodate the increased number of residents living in the centre

There were adequate laundry facilities within the centre. It was supplied with a washing machine and dryer. Residents' clothes could also be dried outside as another option.

Some parts of the centre were not adequately illuminated by natural light. The areas included the landing, top of the stairs and the space which led to the aforementioned dementia friendly downstairs toilet/shower room.

This required review as some residents living in the centre had visual impairments and/or early onset dementia. The areas required staff and residents to switch on lights to adequately illuminate those spaces. This could pose a difficulty for residents with visual impairment/cognitive decline; they also posed a falls risk. This required review.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The health and safety of services users, visitors and staff was adequately provided for in the most part. Infection control measures were adequate given the statement of purpose and needs of the residents. However, not all residents had participated in a night time fire drill. A personal evacuation plan for a resident recently diagnosed with dementia had not been updated. A manual handling risk concerned the inspector during the course of the inspection and the risk register was not centre specific.

Fire extinguishers had last been serviced in 5 May 2015. There was an up to date record of fire drills. Fire drills had been carried out February and June 2015. Issues of concern were documented after completing fire drills, for example, if a resident refused to participate. Plans were put in place to address these issues as they arose. However, not all residents had participated in a night time fire drill. This required review.

Each resident had an individualised personal evacuation plan that documented the type of assistance they would need during an evacuation of the centre. While this was good fire and emergency evacuation practices. Personal evacuation plans had not been updated for a resident that had recently experienced cognitive and mobility decline. This required review.

The fire alarm system had been serviced on a quarterly basis with the most recent 27 May 2015. Keys in fire compliant units were located at each door which required a key to open it. Other exits had thumb lock systems fitted which allowed for ease of opening the exit in the event of an emergency evacuation.

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 the entrance/exit doors. Colour coded mops and buckets were in use in and designated to clean specific areas to prevent cross infection.

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. However, the risk register documented risks that were not pertinent to the designated centre and related to some residents day centre. The risk register was not centre specific.

Carbon monoxide monitors were used in the centre and tested monthly with checks documented.

An emergency management policy with procedures was in place to direct staff in such an event as power outages, flooding and gas leaks.

The inspector reviewed manual handling risks and interventions for a resident in the centre. While staff working in the centre had received manual handling training and an assessment had been carried out by a qualified allied health professional. There still remained a significant risk. The resident had been identified as requiring mobilisation using a hoist. However, at the time of inspection, three staff were transferring the resident from bed to chair, which posed a risk of injury to both the resident and the staff.

There had been an incident whereby staff were unable to hold the resident and had to

allow them drop to the floor during a mobilising care intervention. While the inspector was not concerned about the actions of staff during this incident, the inspector was concerned that necessary manual handling recommendations were not in use for the resident and this required review. The inspector received verbal confirmation that necessary equipment, i.e. a hoist and sling had been acquired after the close of the second day of inspection. However, the inspector had not seen such during the inspection and this resulted in a regulatory action.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Measures were in place to safeguard residents and protect them from abuse. There was a policy and procedures for responding to allegations of abuse. However, the inspector noted while staff were knowledgeable of abuse they had not followed procedures for reporting alleged abuse in one instance and this required review.

The organisation had a policy and procedures for the management of restraint and restrictive practice. There was no restrictive practice in use in the centre at the time of inspection.

An organisational policy for the best practice management of behaviours that challenge was also in place. At the time of inspection no residents required positive behavioural support interventions.

Staff spoken with were knowledgeable of the types of abuse. They had also 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.

However, the inspector noted, in a resident's personal plan an entry which documented an allegation of abuse. This had been documented in the resident's daily log notes. However, no further procedures had taken place, such as informing the person in charge or area manager. The staff member making the documentation had not followed procedures in place for reporting or responding to allegations of abuse.

An entry for the following day indicated that the person in charge had reviewed the previous day's daily log notes and noted the documented allegation of abuse. Their follow up was in line with policies and procedures for responding to allegations of abuse. They contacted the designated person, completed a 'client protection' form and completed a notification and submitted it to the Authority as per the regulations.

The inspector was encouraged to see the person in charge had understood and acted in line with best practice and procedural guidelines for the management of allegations of abuse. However, the inspector remained somewhat concerned, had the person in charge not read the previous daily log notes the allegation of abuse could have gone undetected and therefore not investigated. Staff, while knowledgeable in identifying allegations of abuse had not followed the reporting procedure. This required review.

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 residents required with a focus on maintaining residents' independence and enhancing self help skills as much as possible.

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):

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

Findings:

A record of all incidents occurring in the centre was maintained and where necessary notified to the Chief Inspector. The inspector reviewed incidents and accidents documented in the centre and found that incidents requiring notification had been submitted to the Authority as per the regulations.

The person in charge and person participating in management demonstrated knowledge of their regulatory responsibility in regard to notifiable events

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

Residents' 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 opportunity to attend personal development activities suited to their interests and capabilities, for example day services, training centres or employment. Residents engaged in social activities within and out of the centre for example, during the course of the inspection residents engaged in community participation such as going for a meal in the local restaurant, go-karting, the cinema, for example.

Another resident was in full time employment. They had signed a work contract and were entitled to the same rights as other workers in their place of employment. They had the option to pay into a pension and opt for private health insurance. They spoke briefly with the inspector at times throughout the inspection. They told the inspector they enjoyed their job and were happy with the contract they had signed.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

Resident's health needs were met to a good standard however, there was inadequate healthcare risk assessment for some residents who had age related illnesses requiring close monitoring and care planning.

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.

A number of residents had received dietetic review and assessment by a speech and

language therapist (SALT) to assess their swallowing capability to ascertain their risk for choking. Associated care plans were in place which prescribed food and fluid consistency for the resident.

The inspector observed regular and modified consistency meals were presented well, smelt and looked appetising and staff interacted well with residents throughout allowing them time to enjoy their meal in an unhurried, dignified way, offering assistance as per SALT recommendations.

While referral, assessment and review of residents' health by allied health professionals was comprehensive and timely there was inadequate assessment of residents' health care risks other than nutritional risk assessment. For example, health care assessments relating to pressure ulcers, dependency level, incontinence assessment and fall risk assessments, were not carried out.

During the inspection the inspector noted that a resident with reduced mobility and associated continence issues, both which could contribute to an increased risk of developing pressure ulcers, had not been assessed for this health care risk. Without implementation of health care risk assessments, older age associated health needs could go unidentified leading to poor health outcomes for residents. This required review.

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.

Instructions were available to staff to indicate where foods should be stored in the fridge and how frozen goods were thawed. Residents' weights and Body Mass Index (BMI) were regularly checked and their nutritional risk was evaluated using a recognised nutrition assessment tool.

Some residents living in the centre were in the older age group and had discussed some of their end-of-life care choices and wishes with the person in charge. This was evidence that residents were comfortable to speak about the topic with staff. However, residents' opinions and decisions with regard to their end-of -life had not been documented in any meaningful way and this required review.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

Overall the inspector found medication management met with compliance in most areas however, there were some practices relating to the transcribing of medications that were not in line with Bord Altranais agus Cnáimhseachais na hÉireann guidelines for transcribing. Medication management audits carried out were not comprehensive as one issue found on inspection had not been identified by the audit.

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

All staff who administered medication to residents were suitably trained. It was the practice in the centre for medication to be administered only by staff who had attended medication management training. Staff explained that only staff who had successfully completed this training could administer medication.

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

At the time of inspection no residents were prescribed medication requiring strict controls also there were no residents who self-administered their own medication.

Medications were securely stored in locked storage units. Residents requiring crushed or modified consistency medications were prescribed such in liaison with resident's GP and pharmacist.

Copies of residents' prescription were kept in the centre and prescriptions were transcribed by staff to prescription administration charts which the inspector noted to be clearly written and accurately maintained. However, medication administration charts were not signed by the resident's prescribing GP/Doctor.

Medication management audits had been carried out. However, on review of one audit carried out the inspector found the audit did not identify that a resident was prescribed emergency medication for the management of epilepsy. Therefore, the management and practices in relation to this practice were not reviewed as part of the medication management audit. Medication management audits required review as they were not comprehensive and detailed enough to identify potential risks. A non compliance for this is found under Outcome 14, Governance & Management.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the

manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a 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.

While the statement of purpose contained the information as set out in the regulations it required some review to ensure it identified all people with direct governance and management responsibility for the centre, for example, the name of the person participating in management. (PPIM).

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

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, some improvements were required to some auditing systems (medication management) to ensure they were comprehensive. No audits reviewed gave timescales for when issues identified were to be addressed, this also required review as progress could not be measured otherwise.

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 told the inspector that she worked closely with her line manager, who called to the centre regularly and held supervision meetings with her approximately every six weeks. Signatures of the area manager (PPIM) were evident in the visitor's book over the previous months to support this.

On a number of occasions a number of comprehensive audits of all aspects of compliance with the Regulations had been carried out. These had identified some areas for improvement. However, some issues identified in the audit had no time frames identified for completion of the works required. This required review. As mentioned in Outcome 12, medication management audits carried out were not comprehensive as one issue found on inspection had not been identified by the audit.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

There were appropriate management systems in place for the absence of the person in charge. The area services manager provided management of the centre in the absence of the person in charge and engaged in administrative duties such as maintaining the duty roster or notifying the Chief Inspector.

The provider nominee was aware of her responsibility to notify the Chief Inspector of any intended absence of the person in charge for more than 28 days.

The person in charge had not been absent from the centre for more than 28 days.

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
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>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.</p> <p>Maintenance issues were addressed promptly and the centre was suitably resourced with equipment and furnishing to meet the needs of the residents that lived there.</p> <p>However, at the time of inspection, there were inadequate manual handling resources to meet the needs of a resident, leading to the potential risk of injury to both resident and staff supporting them.</p>
<p>Judgment: Substantially Compliant</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that there was appropriate staff numbers and in the most part, skill mix to meet the assessed needs of residents at the time of inspection. However, the inspector identified that staff working in the centre were not trained in the assessment of healthcare associated risks related to aging.</p> <p>The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate for the days of inspection.</p> <p>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. Sleep over night time staff were allocated for the centre at the time of inspection, this was to meet the identified night time needs of residents and ensure their safety. In addition to the daily allocated staff the person in charge rostered extra staff for duty, as required, to address other needs, such as accompanying a resident for an appointment or to attend planned social outings.</p>

A range of staff training was organised and staff who spoke with the inspector stated that they had received training in fire safety, medication management, safeguarding, management of behaviour that is challenging, communication techniques, first aid and nutrition. However, residents living in the centre had healthcare needs associated with aging. While residents received adequate care and timely review by allied health professionals, staff supporting them were not trained in how to carry out healthcare assessments to ensure early detection of health care issues associated with aging, for example, risk of pressure ulcers.

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

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector found that records as required by the Regulations were maintained in the centre. However, improvement was required to operational policies related to medication management and manual handling.

During the course of the inspections a range of documents, such as the residents guide, medical records, accident and incident records, staff recruitment files and health care documentation were available for review. All records requested during the inspection were promptly made available to the inspector. Records were clear, orderly and stored safely.

All policies as required by Schedule 5 of the Regulations were available. However, the medication management policy, while under review, was not being fully implemented in the centre at the time of inspection. The inspector also reviewed the manual handling

policy which was not robust enough to direct comprehensive, evidence based care in relation to manual handling. During the course of the inspection, a manual handling risk was identified by the inspector. The manual handling policy did not provide adequate guidance for staff to manage the issue and therefore required review.

A financial consent form was in each resident's 'static file' for residents that had recently moved into the centre their consent forms were not up to date and set out that they were still residing in the previous designated centre. They were not reflective of the designated centre they were living in. This required review.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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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-0001500
Date of Inspection:	05 August 2015
Date of response:	22 September 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

For residents that had recently moved into the centre their financial consent forms were not up to date and set out that they were still residing in the previous designated centre. They were not reflective of the designated centre they were living in.

1. Action Required:

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

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The Financial Consent Forms in question have been reviewed and are now reflective of the Designated Centre the residents are residing in.

The Temporary Re-location Policy has also been reviewed to reflect same.

Proposed Timescale: 16/09/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some parts of the centre were not adequately illuminated by natural light. The areas included the landing, top of the stairs and the space which led to the dementia specific downstairs toilet/shower room. This required review as they posed a risk of falls to some residents.

2. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Sensor lights have been installed in all toilets, bathrooms and upstairs shower room. A sensor has been installed in the wet room and new light fittings have been installed on the landing, top of stairs and the area leading to the Dementia specific shower room.

Proposed Timescale: 21/08/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The inspector received verbal confirmation that necessary equipment, i.e. a hoist and sling had been acquired after the close of the second day of inspection. However, the inspector had not seen such during the inspection and this resulted in a regulatory action.

3. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

<p>Please state the actions you have taken or are planning to take:</p> <p>(a) The hoist and sling are now in place. All Staff have received training in the use of the hoist and sling.</p> <p>(b) A review of the centre specific Risk Register in relation to accidental injury is currently in progress.</p>
<p>Proposed Timescale: (a) 31/08/2015 (b) 30/09/2015</p>
<p>Theme: Effective Services</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The risk register documented risks that were not pertinent to the designated centre and related to some residents day centre. The risk register was not centre specific.</p> <p>4. Action Required:</p> <p>Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.</p> <p>Please state the actions you have taken or are planning to take:</p> <p>A review of the centre specific Risk Register is currently in progress.</p>
<p>Proposed Timescale: 30/09/2015</p>
<p>Theme: Effective Services</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Not all residents had participated in a night time fire drill.</p> <p>5. Action Required:</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take:</p> <p>All residents have participated in a night time fire drill by 21/09/2015.</p>
<p>Proposed Timescale: 21/09/2015</p>
<p>Theme: Effective Services</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>A personal evacuation plan for a resident recently diagnosed with dementia had not been updated.</p>

6. 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:

The personal evacuation plan in question and the centre emergency evacuation plan has since been reviewed and amended accordingly.

Proposed Timescale: 14/09/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff, while knowledgeable in identifying allegations of abuse had not followed the reporting procedure. This required review.

7. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The staff member in question has been spoken to in relation to this specific incident. The staff member now understands their responsibility in relation to reporting all allegations of abuse to the Person in Charge as per policy and procedure. The Client/Adult Protection policy and procedures is now a regular agenda item at monthly staff meetings.

Proposed Timescale: 04/09/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was inadequate assessment of residents' health care risks associated with older age health needs.

8. 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:

Older persons' health care needs are now included on the centre specific risk register. Implementation of health care assessments have commenced for older age associated health needs. Following completion of these health care assessments, appropriate allied health professionals will be accessed.

Health care assessments will be completed by 16/10/2015.

Proposed Timescale: 16/10/2015

Theme: Health and Development

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

Residents' opinions and decisions with regard to their end-of -life had not been documented in any meaningful way.

9. Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

End of Life care plans are now in place for residents who have expressed wishes regarding their end of life care.

Proposed Timescale: 16/09/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Practices relating to the transcribing of medications were not in line with Bord Altranais agus Cnáimhseachais na hÉireann guidelines for transcribing.

10. Action Required:

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

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

An updated policy has been developed on Medication Management. The updated policy removes the risk of transcribing. The cardex sheets are produced by the Pharmacist and are being countersigned by the GP.

In relation to safeguarding and safety, the updated policy directs the Person in Charge to carry out monthly checks. A peer review will also be carried out bi-monthly to ensure compliance.

The medication audit will ensure that all members of the inter-disciplinary team are involved. Incidents/Errors/Near misses identified from the audit will be logged on the Quality Management Information System and appropriate action and follow up will be

done.

A training programme is being formulated to roll out training in this updated policy.

Proposed Timescale: 31/10/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

While the statement of purpose contained the information as set out in the regulations it required some review to ensure it identified the people other than the person in charge with governance and management responsibility of the centre, for example, the name of the person participating in management. (PPIM).

11. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose has been reviewed to include the name of the PPIM.

Proposed Timescale: 17/09/2015

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:

No audits reviewed gave timescales for when issues identified were to be addressed, this also required review as progress could not be measured otherwise.

Medication management audits carried out were not comprehensive as one issue found on inspection had not been identified by the audit.

12. 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:

(a) All audits have been reviewed and issues identified have been addressed within specified timescales and are available for inspection.

(b) In relation to medication management audits, the updated policy directs the Person in Charge to carry out monthly checks. A peer review will also be carried out bi-monthly to ensure compliance with regulations. Incidents/Errors/Near misses identified from the audit will be logged on the Quality Management Information System and appropriate action and follow up will be taken.

Proposed Timescale: (a) 16/09/2015 (b) 31/10/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

At the time of inspection, there were inadequate manual handling resources to meet the needs of a resident, leading to the potential risk of injury to both resident and staff supporting them.

13. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Hoist and sling are now in place. All Staff have received training in the use of the hoist and sling.

Proposed Timescale: 31/08/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

While residents received adequate care and timely review by allied health professionals, staff supporting them were not trained in how to carry out healthcare assessments to ensure early detection of health care issues associated with aging, for example, risk of pressure ulcers.

14. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

(a) The Person in Charge has sourced two day Dementia specific training and will be attending this training on 20/10/2015 and 03/11/2015. Following this training it is envisaged that the Person in Charge would provide in-house training to the staff team.

(b) Further training is in the process of being sourced in relation to the assessment of health care associated risks in relation to aging. It is envisaged that on sourcing appropriate and relevant training that this will be rolled to the staff team by 31/03/2016.

Proposed Timescale: (a) 30/11/2015 (b) 31/03/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Medication management policy, while under review, was not being fully implemented in the centre at the time of inspection.

The inspector also reviewed the manual handling policy which was not robust enough to direct comprehensive, evidence based care in relation to manual handling.

15. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

(a) An updated policy has been developed on Medication Management. A training programme is being formulated to roll out training in this updated policy throughout the organisation.

(b) The Manual Handling policy has been reviewed and will be presented to the Policy Advisory Group on 07/10/2015. Following approval by the Board of Directors of Ability West it is envisaged this will be in place by 31/10/2015.

Proposed Timescale: 31/10/2015