



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Tí Geal Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	03 November 2021
Centre ID:	OSV-0004074
Fieldwork ID:	MON-0026645

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre provides a residential and respite service for up to six adults who have an intellectual disability. The centre can cater for residents with some medical healthcare needs, behaviour that is challenging and who may also attend the services of the mental health care team. A combination of social care workers and care assistants support residents during day and night-time hours.

The centre is a two-storey house which is located in a suburban area of a large city. Each resident has their own bedroom and there is also ample communal, kitchen and dining facilities for residents. Public transport links are available to residents and transport is also made available by the provider.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 November 2021	11:30hrs to 16:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents enjoyed a good quality of life and that their rights and access to their local community was actively promoted.

The inspector met with four residents on the day of inspection. Residents returned from their day services in the late afternoon and were happy and relaxed as they chatted with staff members about their plans for the evening and upcoming weekend. A resident sat and enjoyed a cup of tea after returning from their day service and two other residents indicated that they would like to go for a walk. The final resident sat and chatted with the inspector and they stated that they liked the centre and that they were looking forward to their upcoming birthday. They planned to get a take-away to celebrate and they had already planned what they were going to order. The centre was also decorated for Halloween and the resident stated that they asked for these decorations to remain in place for their birthday, even though this event had since passed.

The centre had a pleasant atmosphere and residents appeared to enjoy the company of staff who chatted warmly with them. The inspector met with four staff members, including the person in charge, and all staff were found to have a good understanding of the service and also resident's individual needs. Staff openly discussed recent behaviours of concern which were occurring and also the measures and actions which were implemented to assist residents with these issues. Staff members could also account for the use of restrictive practices and they could clearly describe how and when they were used and also how the least restrictive measure was promoted which assisted in promoting residents' rights.

The centre was warm, comfortable and homely in nature. Each resident had their own bedroom and there was a large sitting room in which residents could relax. There was also two additional relaxation rooms which residents could retire to, if they wished to have some time to themselves. As mentioned above, the centre was also decorated for Halloween which also gave the centre a real sense of home. Residents who met with the inspector also said that they liked having their home decorated for this event. Although the centre was very pleasant, some improvements were required to the kitchen as the veneer on some kitchen cabinet doors was chipped and partially removed. This not only detracted from the homeliness of the centre but it also prevented appropriate cleaning of these doors which impacted on the infection prevention and control arrangements. The provider had identified this issue on an internal audit; however, it continued to impact on the effective cleaning of these doors on the day of inspection.

Residents were actively involved in the running of their home and they attended regular house meetings in which they discussed topics such as awareness about complaints, fire safety and COVID 19. At these meetings residents also decided on what meals they would prefer for the coming week and also any special events, such as birthdays which were coming up. The inspector also noted that residents

had their own centre specific charter of rights on display which outlined topics such as independence, privacy, right to complain and being treated with respect. The inspector found that this charter gave residents the opportunity to determine what was important to them and gave a clear road map as to how their rights should be promoted.

Overall, the inspector found that residents were actively involved in decisions about their care and that their rights and well being was actively promoted.

Capacity and capability

The inspector found that the governance arrangements assisted in ensuring that residents were safe and enjoyed a good quality of life.

The person in charge facilitated the inspection and they were found to have an indepth knowledge of the residents' care needs and also of the care practices which were implemented to meet those needs. The person in charge was in a full-time role and they were supported by a senior manager within the service.

Staff who met with the inspector had a good understanding of residents' care needs and they were observed to interact in a kind and caring manner throughout the inspection. Staff attended regular team meetings and scheduled supervision was occurring for both staff and the person in charge which facilitated to discuss care practices and raise any concerns which they may have. The provider had also ensured that all required information as detailed in Schedule 2 of the regulations was in place for staff members which assisted in safeguarding residents.

The provider had a training and refresher programme in place which assisted in ensuring that staff were able to meet the assessed needs of residents. Staff had completed mandatory training in safeguarding, fire safety and supporting residents with behaviours of concern. Additional training had also been completed in response to the risk of COVID 19, with training in hand hygiene, personal protective equipment (PPE) and infection prevention and control completed by all staff.

The provider had completed all required reviews and audits as stated by the regulations with some minor areas highlighted as requiring attention. The person in charge was also completing regular audits of care practices such as incidents, medications, fire safety and complaints to ensure that these aspects of care were maintained to a good standard at all times.

Regulation 15: Staffing

All information as set out in Schedule 2 of the regulations was in place and

scheduled support and supervision was occurring. The person in charge also maintained an accurate rota which indicated that residents received continuity of care from a familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed all mandatory and refresher training and they were found to have a good knowledge of residents' overall needs.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed all required audits and reviews as required by the regulations. The person in charge also had a range of internal audits which assisted in ensuring that care practices were maintained to a good standard.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which clearly outlined the care needs which the centre could accommodate. Some minor changes were required to this document to further clarify how respite was offered and a revised statement of purpose was submitted subsequent to the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of information indicated that all notifications were submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Information on making a complaint was readily available to residents and the complaints process was discussed at residents' meetings. There were no active complaints on the day of inspection.

Judgment: Compliant

Quality and safety

The inspector found that many aspects of the quality and safety of care were maintained to a good standard and that overall residents were supported to enjoy a good quality of life. However, improvements were required in regards to some aspects of social care, infection prevention and control, medication management and fire evacuation.

Residents had comprehensive personal plans which clearly outlined their individual care requirements and also how they would like to have their care needs met. Plans were reviewed to reflect changes to their health or social care status and also formally on an annual basis. Residents and their representatives attended this annual review where residents were supported to identify personal goals which they would like to achieve. A review of these plans showed that residents had chosen goals such as community activities, day trips, hotel breaks, spa days and going for hot towel shaves. Although some of these goals had been progressed such as community activities and attending the barbers, goals for one resident in regards to going on a hotel break and having a spa day had not been appropriately reviewed since the reduction in national restrictions.

The provider had robust fire arrangements in place which included fire doors, emergency lighting and a fire alarm system. The person in charge demonstrated that this equipment was serviced as recommended and that staff were completing regular checks of this equipment to ensure that it was in good working order. Staff who met with the inspector could clearly describe how residents would evacuate the centre and they had a good knowledge of individual needs such as using a torch to show a resident with a hearing impairment that the alarm had sounded. Although, the provider had taken fire safety seriously, some improvements were required in regards to fire drills. The provider could clearly demonstrate that residents could evacuate in a prompt manner during day-time hours; however, a fire drill had not been completed across all shift patterns following the admission of a new resident to the centre.

The provider had taken infection prevention and control seriously and a robust cleaning regime was in place which showed that indepth cleaning of the centre

occurred across all shift patterns. The centre also appeared clean and hand washing was actively promoted. Staff were observed to wear face coverings and additional risk assessments had been implemented to assist in addressing an infection prevention and control issue which had resulted following an escalation in some behaviours of concern. Although, there were robust cleaning arrangements in place, improvements were required. For example, cleaning mops were stored in an external garden shed in close proximity to items such as garden compost. The shed also had a damaged floor with a visible hole which allowed damp to enter. As mentioned earlier, kitchen cupboard doors were also damaged which prevented them from being appropriately cleaned.

The provider had robust risk management arrangements in place and comprehensive risk assessments were implemented in response to safety concerns such as fire and COVID 19. Individual risk assessments were also introduced to promote residents' safety in regards to restrictive practices, modified diets and behaviours of concern. A review of incidents also indicated that the staff team and provider responded in a positive manner to issues of concern with additional reviews and risk assessments implemented following an escalation in behaviours of concern.

As mentioned above, the provider had responded to an increase in behaviours of concern with reviews by a behavioural specialist and additional referrals undertaken by the provider. There was comprehensive guidance in place to support residents with their behaviours and although a restrictive practice, in the form of a locked door, had been recently introduced, this had been a considered process with the least restrictive option implemented. The inspector found that this practice had not impacted on other residents as technology had been sought which did not limit other residents from accessing this door. Restrictive practices were also kept under regular review by an oversight committee and residents' representatives had been kept informed of these practices.

The inspector found that the quality and safety of care was generally maintained to a good standard. Although, some improvements were required in regards to some care practices, addressing these issues would further build upon the overall positive approach to care which was found on this inspection.

Regulation 17: Premises

The centre was very homely and residents had their own individual bedrooms. There were also comfortable reception and relaxation rooms and the centre was decorated with pictures of residents enjoying various activities and social events.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had responded to recent incidents with multidisciplinary reviews scheduled to occur in the coming weeks subsequent to the inspection. The person in charge also maintained a risk register with ongoing risk such as behaviours of concern and maintenance escalated to senior management.

Judgment: Compliant

Regulation 27: Protection against infection

The provider failed to ensure that appropriate storage was available for mops and that kitchen cabinet doors could be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had failed to ensure that a fire drill had been completed across all shift patterns following the admission of a resident to the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate medication storage facilities in place and residents had been assessed to manage their own medication. However, a review of medication administration records indicated that a medication had not been administered as prescribed on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider failed to ensure that all residents had been fully supported to achieve their personal goals in line with their personal plan.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Resident's individual behavioural support plans were kept under regular review and staff had a good knowledge of assisting residents with their behavioral needs. There were some restrictive practices in place; however, the person in charge clearly demonstrated that these were kept under regular review and that the least restrictive option was implemented.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans required on the day of inspection. Staff who met with the inspector had a good knowledge of safeguarding procedures and residents appeared happy living in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had devised their own charter of rights and it was clear that they were involved in decisions about their care and their home.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tí Geal Services OSV-0004074

Inspection ID: MON-0026645

Date of inspection: 03/11/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The registered provider has sourced appropriate storage for mops and associated items in the form of a garden storage shed 23/11/21. This has been erected and is in use for mop storage only. The registered provider has approved funding and sourced a supplier for replacement kitchen units. This will be completed by 8/4/2022.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A minimum staffing fire drill was completed on the 9/11/21.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The registered provider has arranged for medication refresher training to take place for the staff team on 25/11/21. The PIC has spoken with the staff member who made the error and support and supervision in the area has been carried out on the 20/11/21.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC will complete a comprehensive review of all PCPs in the Designated Centre by 7/12/21. Following from this the PIC will conduct an educational ZOOM/Teams Meeting with the staff team on the 8/12/21 to discuss issues raised and to educate staff around	

the importance of SMART goals in Person Centered Planning.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	08/04/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	09/11/2021
Regulation	The person in	Substantially	Yellow	25/11/2021

29(4)(b)	charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Compliant		
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	08/12/2021