



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

## Issued by the Chief Inspector

|                            |                   |
|----------------------------|-------------------|
| Name of designated centre: | Fairview Services |
| Name of provider:          | Ability West      |
| Address of centre:         | Galway            |
| Type of inspection:        | Unannounced       |
| Date of inspection:        | 16 November 2021  |
| Centre ID:                 | OSV-0004058       |
| Fieldwork ID:              | MON-0034221       |

## About the designated centre

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

A maximum of six residents can live in this centre where the provider aims to ensure that each resident receives quality support and services consistent with their assessed needs. Residents living in Fairview Services have a primary diagnosis of intellectual disability but some may also have other needs such as physical and medical needs. The centre is open seven days a week and provides a full-time residential service to some individuals. Residents are male and female from the age of 18 upwards, and are provided with 48 week contracts and the use of their own bedroom. Each person attends a day service, or supported employment outside of the centre. While residents may have medical needs the model of care is social and the staff team is comprised of social care and care staff supported and managed by the person in charge who is also a member of the frontline team. Ordinarily two staff work in the centre during the day and a sleepover staff supports residents at night. Each resident has a contract of care outlining agreements and extra charges that may be incurred in the centre.

**The following information outlines some additional data on this centre.**

|                                                |   |
|------------------------------------------------|---|
| Number of residents on the date of inspection: | 5 |
|------------------------------------------------|---|

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 |
|-----------------------------|-----------------------|---------------|------|
| Tuesday 16<br>November 2021 | 9:00 am to 3:00<br>pm | 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 independence were actively promoted.

The inspector met with five residents on the day of inspection. Three residents were preparing to attend their respective day services, one resident was preparing to go to work and the remaining resident was remaining at home to meet with a physiotherapist. All residents were very relaxed and four of the residents chatted freely with the inspector. Residents talked about how they enjoyed living in the centre and they discussed how they had their own nail salon business in their day service and they explained how they really enjoyed this. Interactions between all residents were very warm and they also seemed relaxed and at ease in the company of staff.

Resident's independence was promoted and two residents were assisted to remain at home for a set period of time without staff present. One resident attended work in a nearby health facility during the week and they talked with the inspector about how they love their place of work and that they like getting paid. Upon finishing work they explained that they get dropped home and that they make some lunch and might tidy up their room or house prior to staff coming on duty. They talked about how they loved their independence and it was a very important aspect of their life. Another resident also discussed with the inspector that they can remain at home for a set period of time by themselves and that they also enjoy the time to themselves. Both residents spoke clearly about how they maintain their safety while in the centre independently and they outlined how they would evacuate the house should the fire alarm be activated.

Residents had good access to their local community and they regularly met up with friends to go for lunch and bowling. A review of daily notes also indicated that residents were also out and about shopping, going for coffee and attending nearby matches for local sports teams. Residents also had ample opportunity to relax and some residents enjoyed knitting and also watching horror movies in their spare time. Residents were actively involved in their home with residents having set days in which to help prepare dinner and also to assist with the general upkeep and cleaning of their rooms and communal areas. Regular house meetings were also occurring which assisted in keeping residents informed about issues such as complaints, COVID 19 and safety precautions within their home.

The premises was warm and inviting and had a real sense of home. Communal areas were decorated with pictures of residents and reception rooms were spacious and comfortably furnished. Each resident had their own bedroom and there were an ample number of shared bathrooms and showering facilities. The centre also had a separate laundry and residents could launder their own clothes if they so wished. The centre was located in a suburban neighbourhood of a city in the West of Ireland. Residents had access to public transport and local shops and amenities

were within a short walk. The provider was also in the process of providing new transport to facilitate residents to access the greater area.

Overall, the inspector found that residents had a good life and that the quality and safety of care was generally held to a good standard. Although, some areas such as social care, medications and infection control required review the overall care which was offered promoted the welfare and wellbeing of residents.

## Capacity and capability

The inspector found that the provider had arrangements in place to ensure that many aspects of care were maintained to a good standard of care.

The person in charge was in a full time role and they were found to have a good understanding of the residents' needs and of the services which were provided to meet those needs. On the day of inspection they facilitated a team meeting and a member of staff who met with the inspector said that they felt supported by the management structures which were in place.

The provider had completed all audits and reviews as required by the regulations. The centre's annual review gave a considered account of the service over the previous year and a number of areas for improvements had been highlighted. This review was also completed following consultation with residents and their representatives with an overall positive response. The centre's six monthly audits had also been completed with some minor actions identified as requiring review. The person in charge was also completing regular medication audits and trending of adverse events for any patterns which may impact on the provision of care.

The provider had a staff rota which indicated that residents were supported by a familiar staff team. Regular team meetings and individual supervision was occurring which facilitated staff to raise any concerns they may have in relation to care. Staff were also up-to-date with their training needs and additional training in hand hygiene, infection prevention and control and personal protective equipment had been completed by all staff.

Overall, the centre appeared like a pleasant place in which to live and staff who were supporting residents were kind and considerate in their approach to care.

## Regulation 15: Staffing

The person in charge maintained an accurate rota and staff who were supporting

residents on the day of inspection appeared kind and considerate in their approach to care.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were up-to-date with their training needs and they attended scheduled support and supervision and staff meetings.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had completed all required audits and reviews which assisted in ensuring that the service was safe and that residents enjoyed a good quality of life.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of documentation indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Information on the complaints process was on display and person in charge clearly demonstrated an open culture in regards to complaints. There were no active complaints on the day of inspection but a recent complaint had been resolved to the satisfaction of the complainant.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of care was generally maintained to a good and that residents were supported to engage in activities which they enjoyed. However, several areas for improvement were identified on this inspection in regards to medications, social care, fire safety and promoting residents in the area of self care and protection. Although, some issues required attention, improvement in these areas would further build upon the many positive examples of care which were found on this inspection.

As mentioned earlier, residents had good access to their local community and they engaged in activities which they enjoyed such as shopping, going for coffee and meeting up with friends. A resident also proudly showed the inspector a photo book of them going on a holiday to Spain with a friend to see their favourite country music star. They also discussed their plans to go to Killarney in the new year for a hotel break. Residents had comprehensive personal plans in place which were well organised and gave an indepth account of residents' care needs. These plans also outlined goals which residents would like to achieve such as going on holidays and attending dance classes. Although, previous goals which involved holidays and community access had been progressed, the above mentioned goals for one resident had not been progressed or supported by an appropriate action plan.

Residents had opportunities for employment and as mentioned earlier one resident went to work every day and other residents ran a nail salon in their respective day service. Residents spoke about how important this work was to them and how they enjoyed it. One resident spoke how they love getting paid for their work and they like meeting their work colleagues.

The person in charge held responsibility for examining incidents within the centre and a review of incidents indicated that no serious issues had occurred. The person in charge also maintained risk assessments for any issues which may impact on the provision of care, with individual resident risk assessments completed in relation to COVID 19. The provider had also used the risk assessment process to promote resident's independence. Two residents were supported to remain in their home independently and risk assessments had also been completed for a resident attending work and also for a resident to meet up with a friend independently for lunch. Control measures implemented were found to be robust and actively promoted resident's individual safety.

Fire precautions were taken seriously and the provider had revised fire precautions since the last inspection to ensure that all fire doors would close in the event of a fire occurring. All equipment was serviced as required and staff were completing regular checks of fire equipment to ensure that it was in good working order. However, some improvements were required to fire drills within the centre. Although fire drills had been completed and clearly demonstrated that residents could evacuate in a prompt manner, a new member of staff had not participated in a fire drill. Also, residents who were assessed as being able to stay in the centre by



themselves had not recently completed an fire drill to reflect these arrangements.

The use of restrictive practices had greatly reduced since the last inspection of this centre and it was clear that any current restrictive practices were kept under regular review. There was also guidance in place to support residents who may present with behaviours of concern and the person in charge had a good knowledge of these plans and also ensured that they were kept up-to-date. One of the plans reviewed indicated that chemical intervention may be considered in response to an escalation in behaviors for one resident. Although this chemical intervention was was not regularly administered, the inspector found that improvements were required in regards to all guidance to ensure that it was concise and clearly outlined the specific circumstances which would warrant it's administration.

Overall, the inspector found that residents enjoyed a good quality of life and although there were some areas for improvement, the general standard of care promoted residents' wellbeing.

### Regulation 13: General welfare and development

Residents were actively supported to attend for paid employment and other residents who met with the inspector said that they enjoyed attending their respective day services.

Judgment: Compliant

### Regulation 17: Premises

The centre was, cosy and had a real sense of home. The provider had also renovated the kitchen and plans were in place to repaint this area. Residents had access to laundry facilities where they could launder their own clothes if they so wished.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had robust risk management processes in place which promoted residents' safety and individual independence.

Judgment: Compliant

### Regulation 27: Protection against infection

Staff had received additional training in response to COVID 19 and regular sign and symptom checks of the disease were occurring. There were enhanced cleaning arrangements in place; however, grout in one bathroom was stained, discoloured and required review in terms of infection prevention and control. .

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had not ensured that residents who remained in the centre independently participated in regular independent fire drills and that a new member of staff had completed a fire drill.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had ensured that residents were assessed to manage their own medications and also that there was appropriate storage facilities in place for medicinal products. However, the provider failed to ensure that a regular medication which was listed on a prescription sheet had been signed for by the resident's general practitioner.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The provider failed to ensure that a resident had been fully supported to achieve their personal goals.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had good access to their general practitioner of choice and they were also supported in the area of preventative health screening.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Improvements were required to documentation which supported the administration of a chemical intervention to ensure it was concise and clearly outlined to circumstances which required this medication's administration.

Judgment: Substantially compliant

## Regulation 8: Protection

Residents appeared to enjoy living in the centre and they told the inspector that they liked the company of staff and there were no active safeguarding plans required. In the past, the staff team had discussed with residents about maintaining their safety; however, this area of self care and protection had not been recently reviewed with residents.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Residents attended scheduled house meetings and they were also supported to attend paid employment and remain in the centre independently.

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                |
|-------------------------------------------------------|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 15: Staffing                               | Compliant               |
| Regulation 16: Training and staff development         | Compliant               |
| Regulation 23: Governance and management              | Compliant               |
| Regulation 31: Notification of incidents              | Compliant               |
| Regulation 34: Complaints procedure                   | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 13: General welfare and development        | Compliant               |
| 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 6: Health care                             | Compliant               |
| Regulation 7: Positive behavioural support            | Substantially compliant |
| Regulation 8: Protection                              | Substantially compliant |
| Regulation 9: Residents' rights                       | Compliant               |

# Compliance Plan for Fairview Services OSV-0004058

Inspection ID: MON-0034221

Date of inspection: 16/11/2021

## 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:<br>The Manager of Ancillary services has been requested to organise a deep clean of the bathrooms in Fairview services. This will be completed by December 31st 2021.                                                                                              |                         |
| Regulation 28: Fire precautions                                                                                                                                                                                                                                                                                                                                        | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br>The new member of staff in Fairview Services participated in a fire drill on 28/11/2021. A schedule of regular fire drills for two residents that remain home independently has been put in place, the first drill for both residents was completed on December 10th, 2021. |                         |
| Regulation 29: Medicines and pharmaceutical services                                                                                                                                                                                                                                                                                                                   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:<br>A regular medication listed on the Kardex for one resident was signed off by the GP on the day following the inspection.                                                                                                                               |                         |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |
| Regulation 5: Individual assessment and personal plan                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:<br/> One resident's individual plan has been updated and a progress report on goals was completed on November 17th, 2021.</p>                                                                                                                                                                                                                                                        |                         |
| Regulation 7: Positive behavioural support                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:<br/> The Head of Psychology will further update the current Behavioural guidelines in place which support the administration of chemical intervention for one resident. These guidelines will be updated to clearly identify and outline the circumstances which require the resident to receive this medication. This will be completed on December 14th, 2021, at the next staff meeting.</p> |                         |
| Regulation 8: Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:<br/> The Right to Feel Safe document will be an agenda item on house meetings going forward and was discussed at a house meeting on December 8th, 2021.</p>                                                                                                                                                                                                                                                       |                         |

## 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      | 31/12/2021               |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are                                                                                        | Substantially Compliant | Yellow      | 10/12/2021               |



|                     |                                                                                                                                                                                                                                                                                                                                                     |                         |        |            |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
|                     | aware of the procedure to be followed in the case of fire.                                                                                                                                                                                                                                                                                          |                         |        |            |
| Regulation 29(4)(b) | The person in 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. | Substantially Compliant | Yellow | 17/11/2021 |
| 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 | 17/11/2021 |
| Regulation 07(5)(b) | The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all                                                                                                                                                                                                                            | Substantially Compliant | Yellow | 14/12/2021 |

|                  |                                                                                                                                                                                           |                         |        |            |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
|                  | alternative measures are considered before a restrictive procedure is used.                                                                                                               |                         |        |            |
| Regulation 08(1) | The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. | Substantially Compliant | Yellow | 08/12/2021 |