Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Teach Michel Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	05 September 2023
Centre ID:	OSV-0005700
Fieldwork ID:	MON-0032177

About the designated centre

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

Teach Michel Services is designated centre run by Ability West. The centre provides full-time residential service for up to six people with an intellectual disability, who are over the age of 18 years. The centre is located close to Galway city and comprises four fully self-contained apartments. Residents have their own bedroom, living area, kitchen and bathrooms. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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 (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 5 September 2023	09:30hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out following an application to the Chief Inspector of Social Services to renew registration of the centre, to follow up on non compliance's identified during the previous inspection of this centre, to assess the provider's compliance with the regulations and also the regulatory compliance plan submitted to the Chief Inspector of Social Services on an organisational level.

Teach Michel is located in a residential area close to a city. It is a two-storey building and comprises of four apartments. Two apartments are located on the ground floor and two apartments are provided on the first floor.The inspector met with the person in charge, staff on duty and with the four residents living in the centre. There was one resident living in a ground floor apartment with the support of one staff at all times. Three residents were living on the first floor, two residents shared one apartment and another had their own apartment. Residents living on the first floor were supported by one staff member during the day and at night time. There was one vacant ground floor apartment at the time of inspection. The person in charge advised that the resident who had been residing in this apartment had moved to another designated centre operated by the provider in order to better meet their needs in terms of more consistent and adequate staffing supports.

On the morning of inspection, two residents had left to attend their regular day service. One resident remained in the centre in line with their preferred routine as they chose not to attend day services one day a week. Another resident was provided with an individualised service in the centre. The inspector did not meet this resident as staff supporting them advised that they would not be comfortable in meeting unfamiliar persons. Staff spoken with confirmed that there were now a consistent team of staff supporting this resident which had resulted in a notable decrease in their anxiety with no behaviour related incidents occurring over the past number of months. Staff spoken with reported that the resident led a very active life and was supported to get out and about and partake in his preferred activities on a daily basis. On the morning of inspection, the resident had planned to go to the gym, followed by a swim in the pool and eat out for lunch. The resident choose their preferred activities and their daily activity schedule was documented in picture format. Staff advised that the resident enjoyed walking and visiting places of interest. The inspector viewed framed photographs of the resident enjoying a recent trip to a coastal scenic area. Staff advised that the resident regularly enjoyed walks to the nearby city, visits to the library, cinema and playing games of pool. They reported that the resident also enjoyed spending time in the apartment going about their own routines, watching television, preparing meals. making their own cups of tea, cleaning and tidying up.

The inspector met with the other residents during the afternoon. They appeared happy, content and comfortable in their environment and in the company of staff. They were happy to show the inspector around their apartments. They stated that they liked living in the centre and got on well with one another and with familiar

regular staff. However, residents reported that they were not comfortable when agency staff had been on duty, reporting that unfamiliar staff had caused them upset, distress and anxiety. Residents spoke about their worries over the past number of months, such as, not knowing what staff were coming on duty, their fear that the centre might have to close or that they might have to move to another centre due to unavailability of staff. The advised that staffing had improved in the past month with mostly familiar staff now on duty but they stated that they were not happy and were uncomfortable when an agency staff was on duty for one night during in the past week.

Residents stated that they liked their apartments which they found to be spacious, bright and comfortable.They liked having their own bedrooms which had adequate storage space for personal belongings and which they had personalised with their own effects. One resident stated that they loved watching their preferred sporting channels on their own television in their bedroom. There were framed photographs of residents with family and friends displayed throughout the apartments. Residents artwork and craft works were also displayed adding to the homely atmosphere in the centre. Residents reported that they choose their own preferred meals and were supported by staff to cook each evening. Some residents enjoyed helping out with grocery shopping, preparing vegetables and cooking.

Residents spoken with told the inspector how they led busy lives and enjoyed partaking in a range of activities including attending day services, eating out, meeting up with friends and family, going to the cinema, going to music concerts, playing basketball, going swimming, going shopping, visiting the hairdresser, attending sporting events and going away for mini breaks. One resident was looking forward to commencing a college course next week which was one of their goals for 2023. Residents advised that the centre was located close to a range of facilities and amenities including a nearby public bus stop. They reported that they could walk to many amenities, use the public bus system or get taxis to attend their day service, outings or activities.

Residents also mentioned how they also enjoyed spending time relaxing at home, listening to music, watching their preferred television programmes or sporting events and completing household tasks such as laundry and cleaning. Residents said that they sometimes enjoyed spending time independently on their own at home and were happy that they could now spend time in and use the garden area since the ground floor apartment was vacated. One resident mentioned how they liked being able to use the clothes line and hang out their washed laundry to dry.

Visiting to the centre was facilitated. Residents told the inspector how they were supported to receive regular visits from their family members and friends. Residents were supported to regularly visit family members at home. Residents were also supported to remain in contact with their family through the use of their mobile telephones.

While issues identified at the previous inspection had largely been addressed, the arrangements in place in relation to the overall governance and management for the centre required review. Management arrangements in practice were not as defined

in the statement of purpose, persons identified as participating in the management of the centre were clearly not involved. Improvements and further oversight were also required in relation to staffing, staffing records and some aspects of fire safety management.

The inspector observed that the rights of residents were respected and promoted by staff on duty. From observations in the centre, speaking with residents and from a review of documentation, it was clear that staff promoted human rights, that residents had a say over their lives and were were involved in decisions about their care and support.

The inspector reviewed questionnaires which residents had completed prior to the inspection which outlined their views of the service. The overall feedback from residents was complimentary of the service, however, they all raised their concerns regarding staffing as outlined previously in this report.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

This designated centre is run by Ability West. Due to concerns in relation to Regulation 23: Governance and management, Regulation 15: Staffing, Regulation 14: Person in Charge, Regulation 5: Individualised assessment and personal plan, and Regulation 26: Risk management procedures, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in April 2023 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has outlined an action plan to the Chief Inspector highlighting the steps they will take to improve compliance in the registered centres. These regulations were reviewed as part of this inspection and this report will outline the findings found on inspection.

The provider had not ensured there were clearly defined management systems in place to ensure that the service provided was safe, consistent and appropriate to the needs of the residents. There was a person in charge appointed to the centre in June 2023. The person in charge held other managerial duties and responsibilities in the organisation. While the person in charge strived to ensure effective oversight of the service, they were also involved in the management of nine other designated centres, and therefore had limited resources to oversee this service. The person identified in the application to renew registration and in the statement of purpose as participating in the management of this centre was clearly not involved in the routine management or oversight of the centre. The person identified did not provide support or meet with the person in charge, deputise in the absence of the

person in charge, did not attend team meetings, did not meet with residents or routinely visit the centre. The person in charge did not report directly to the person identified as the person participating in the management of this centre but instead reported to another senior manager in the organisation.

The person in charge worked full-time in the organisation, they had the necessary experience and qualifications to carry out the role. They advised that they strived to spend one day per week in the centre when possible and were in daily contact with staff. They were knowledgeable regarding the assessed needs of residents and tried to ensure a good quality of care was provided. They advised that a team leader had been recruited and was due to commence in the role by mid September.

The findings from this inspection showed that improvements and further oversight were required in relation to staffing, staffing records and some aspects of fire safety management. Improvements were also required to ensuring that the standardised assessment of need process 'My support needs assessment' was completed in line with the regulatory plan submitted to the Chief Inspector.

There were now formal on-call arrangements in place for out of hours seven days a week. The details of the on-call arrangements were notified to staff on a weekly basis and clearly displayed in the centre. Staff spoken with were familiar with the arrangements in place.

On the day of inspection, there were sufficient regular staff on duty to support the residents assessed needs in line with the statement of purpose, however, the provider had not ensured that residents received continuity of care and support on an on-going basis. The person in charge advised that a full compliment of staff were currently available. They advised that one social care worker was due to leave in the coming week but that the team leader recruited and due to commence in the role would cover those hours. While there were a number of regular relief staff who were familiar with residents employed most weeks, they were not always available at short notice. Residents spoke of their concerns when an unfamiliar agency staff was on duty for one night during in the past week. The staff roster reviewed showed a regular staff pattern which had been completed for the next four weeks.

The inspector reviewed three staff files. Information and documents as specified by schedule 2 of the regulations were generally found to be available including evidence of Garda vetting, personal identity, written references and job descriptions, however, some improvements were required to ensure that documentary evidence of all training completed was available and up to date.

The training matrix reviewed and staff spoken with indicated that training was provided to staff on an on-going basis. The person in charge confirmed and the training matrix indicated that all staff had completed mandatory training. The person in charge advised that further training was scheduled in risk management, medication management, stoma care and feeding, eating and drinking guidelines. Regular team meetings were taking place and scheduled on a monthly basis. The minutes of recent meetings reviewed showed that learning an as a result of a recent incident had been shared and further refresher training had been scheduled.

The provider had some systems in place to monitor and review the quality and safety of care in the centre including an annual review and six-monthly unannounced audits. The annual review for 2022 had been completed. The quality improvement plan attached had identified areas for improvement including the filling of staff vacancies, reviewing the effectiveness of agency staff, continuing to review incidents and restrictive practices. Unannounced six-monthly provider led audits continued to take place, however, the last review which took place in April 2023 was not available in the centre. On enquiry, the person in charge obtained a copy of the audit by email and made it available for inspection. Areas for improvement identified included progressing outstanding issues from the last HIQA inspection and more frequent review of the risk register. Actions as a result of these reviews had generally been addressed. The person in charge carried out regular reviews of identified risks, accidents and incidents, restrictive practices, fire safety, residents finances and residents files. While audits of medication management had not been completed on a monthly basis in line with previous compliance plans submitted, a recent comprehensive review of medicines practices had been completed by the person in charge from another designated centre. A number of recommendations including updating of Kardex (prescription recording files) and updating of health-care related care plans had been addressed. Further training for more recently recruited staff on a specific health-care issue was also scheduled.

Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration of this centre has been submitted to the chief inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience. However, the person in charge held other managerial duties and responsibilities for nine other designated centers and therefore had limited capacity to ensure effective governance, operational management and administration of the centre.

Judgment: Substantially compliant

Regulation 15: Staffing

The provider had not ensured that residents received continuity of care and support. Residents reported that they were not comfortable when agency staff were on duty, reporting that unfamiliar staff had caused them upset, distress and anxiety. While residents and staff spoken with reported much improved continuity of support from familiar staff in recent times, residents spoke of their unhappiness when an unfamiliar agency staff was on duty for one night during in the past week.

Some improvements were required to ensure that required documentary evidence of all training completed by staff was available and up to date.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training in various aspects of infection control, medication management and assisted decision making had also been completed by staff. There was further training scheduled in risk management, medication management, stoma care and feeding, eating and drinking guidelines.

Judgment: Compliant

Regulation 22: Insurance

A valid insurance certificate was submitted with the application to renew registration.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured there were clearly defined management systems in place to ensure that the service provided was safe, consistent and appropriate to the needs of the residents. The person identified in the application to renew registration and in the statement of purpose as participating in the management of this centre was clearly not involved in the routine management or oversight of the centre. The person identified did not provide support or meet with the person in charge, deputise in the absence of the person in charge, did not attend team meetings, did not meet with residents or routinely visit the centre.

The person in charge strived to ensure effective oversight of the service, however, they were also involved in the management of nine other designated centres, and therefore had limited resources to oversee this service.

The new standardised assessment of need process 'My support needs assessment' had not been completed in line with the regulatory plan submitted to the Chief Inspector. The person in charge confirmed that the partial assessments completed to date were not being used to inform the support needs of residents, the type of supports required, the staff skill set or the staff training needs to support the needs of residents. To date the residents and or their representatives had not been consulted with as part of the assessment process.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose dated 25 August 2023 required further updating to accurately reflect the number of current vacancies in the centre, to accurately reflect the management arrangements in place including the arrangements in place to demonstrate how the person in charge will effectively oversee the service given that they hold other managerial duties and responsibilities including the management of nine other designated centres.

Judgment: Not compliant

Regulation 30: Volunteers

The person in charge advised that there were currently no volunteers attending or supporting residents in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and all of the required notifications had been submitted since the previous inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies as required by the regulations were available in the centre. There were systems in place to review and update policies.

Judgment: Compliant

Quality and safety

The person charge and staff on duty on the day of inspection strived to ensure that residents received an individualised and good quality service.

The residents spoken with stated that they liked living in the centre, appeared to be content and relaxed in their environment and stated that they were happy when familiar staff were supporting them. Staff on duty knew the residents well, were familiar with and knowledgeable regarding their up-to-date assessed health and social care needs. Residents had lived together for a number of years and got on well with one another. The main issue reported by residents which impacted negatively upon their quality of life over the past number of months was the uncertainty and inconsistency of staffing, in particular unfamiliar agency staff. While residents and staff reported improvements and stability to staffing in the past month, agency staff had been recently used by the provider to fill a shift when staff were unavailable to work at short notice.

The new standardised assessment of need process 'My support needs assessment' had not been completed in line with the regulatory plan submitted to the Chief Inspector. The person in charge confirmed that the partial assessments completed to date were not informative, did not identify the type of supports required, the staff skill set or the staff training needs to support the needs of residents and were currently not in use in the centre. To date the residents and or their representatives had not been consulted with as part of the assessment process. The person in charge advised that they had reverted to using the 'All about me' assessment to inform the support needs of residents.

The inspector reviewed a sample of residents' files. Residents' health, personal and social care needs had been recently assessed using the 'All about me' assessment. Care and support plans were developed, where required. Staff spoken with were familiar with and knowledgeable regarding residents up to date health-care needs. Care plans were found to be place for all identified issues, including specific health-care issues, were individualised and person centered. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences and support needs. Residents' weights

and medical conditions continued to be closely monitored.

Residents had access to general practitioners (GPs), out of hours GP service, consultants and a range of allied health services. Residents had also been supported to avail of vaccination programmes and national screening programmes. Files reviewed showed that residents had an annual medical review. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually at which residents' personal goals and support needs for the coming year were discussed. Each residents' personal outcomes for the year were documented in an easy-to-read picture format. Residents spoken with confirmed that they were supported to progress and achieve their chosen goals, and some files contained photographs demonstrating achievement of some goals. Improvements were required to ensure that goals set out for 2023 were clearly documented along with updates regarding the progress and effectiveness of goals.

Safeguarding of residents continued to be promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans where required. The support of a designated safeguarding officer was also available if required. There were no safeguarding concerns at the time of inspection.

Residents who required support to manage behaviour had access to regular psychology services. Some residents had positive behaviour support plans and psychological and behavioural guidelines in place. Staff spoken with confirmed that the number of behaviour related incidents had greatly reduced in recent months and that no incidents had taken place during the month of August. They attributed this to the reduced number of residents and to improvements in the consistency of staffing support.

Staff promoted a restraint free environment. Restrictions in place were regularly reviewed and some restrictions previously in use had been discontinued, for example, psychotropic medicines were no longer prescribed on a PRN (as required) basis. There was multidisciplinary input into the decisions taken, risk assessments, clear rationales and written protocols outlined for restrictions in use. Residents' were consulted with and had agreed to the restrictions in place. The impact on residents' rights continued to be closely evaluated, with rights restriction and reduction meetings taking place every six weeks.

The layout and design of the centre suited the needs of residents. The centre was well-maintained internally and externally, comfortable, furnished and decorated in a homely style. Apartments were spacious and bright. All residents had individual bedrooms. Each apartment had a large communal area consisting of kitchen, dining and living area as well as a fully equipped assisted shower room. Laundry facilities were also provided in each apartment. There was direct access from the two ground floor apartments to a well-maintained garden area to the rear of the building.

Residents living in the first floor apartments advised that they could now enjoy accessing the garden since one ground floor apartment had been vacated. All apartments were found to be visibly clean.

There were systems in place for the management and ongoing review of risks in the centre. The risk register had been recently reviewed and updated. The person in charge had completed training in risk management and training was due to take place for all staff. There were recently updated individual personal emergency evacuation plans for each resident. The person in charge outlined the risk escalation pathways and confirmed that the top five centre risks were discussed regularly with a senior manager. Identified risk as a result of a recent incident had been included in the risk register. This risk had been discussed with staff at recent team meeting and further refresher training was scheduled for staff as a further control measure in order to reduce the risk. Staffing, medication administration and restrictive practices were listed in the top five risks at time of inspection.

The person in charge and staff on duty demonstrated good fire safety awareness and knowledge of the evacuation needs of residents, however, improvements were required to some aspects of fire safety management. While regular fire drills had been completed involving staff and all residents, there had been no drill completed simulating a night time scenario. All residents were ambulant and could mobilise independently. There was a night time fire protocol in place but staff spoken with were unclear as to who was responsible for checking the fire alarm in the event of fire at night time. Daily, weekly and monthly fire safety checks were carried out. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. All staff had completed fire safety training.

Regulation 11: Visits

Visiting to the centre was facilitated. Residents were supported to receive regular visits from their family members and friends. Residents were supported to regularly visit family members at home. Residents were also supported to remain in contact with their family through the use of their mobile telephones.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had their own bedrooms which were spacious, comfortably decorated, suitably furnished and personalised. All bedrooms had adequate storage for personal belongings and possessions. Residents were supported to manage their own laundry and arrangements were in place to ensure that residents clothing and linen were regularly laundered.

Judgment: Compliant

Regulation 13: General welfare and development

There were measures in place to ensure that residents' general welfare was supported. Residents had access to the local community and had opportunities to participate in activities in accordance with their interests, capacities and developmental needs. The centre was close to a range of amenities and facilities in the local area. Some residents normally attended day services during the week days while others were provided with a service from the centre. Residents were supported to access opportunities for education and training, one resident was due to commence a college training course next week

Judgment: Compliant

Regulation 17: Premises

The layout and design of the centre met the needs of residents. The apartments were comfortable, suitably furnished and decorated in a homely manner. The apartments were spacious and bright with adequate communal spaces available for residents' use. All apartments were found to be well maintained and visibly clean. Residents had access to well maintained garden areas. The apartments were accessible with suitable ramps and handrails provided at the entrance areas.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification and on-going review of risk. The risk register was reflective of identified risk in the centre. The individual risks to residents were clearly outlined in each file. The person in charge had completed a training workshop on risk management and training was scheduled for all staff. There was a recently updated centre specific emergency plan in place. There were on-call management arrangements in place for out of hours available to support staff and residents in the event of an emergency.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required to some aspects of fire safety management. While regular fire drills had been completed involving staff and all residents, there had been no drill completed simulating a night time scenario. There was a night time fire protocol in place but staff spoken with were unclear as to who was responsible for checking the fire alarm in the event of fire at night time.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a medication management policy in place. All staff had received training in medicines management and further refresher training was scheduled for all staff. There were no controlled medicines prescribed for residents at the time of inspection. Medicines were securely stored. A review of a sample of medicine prescribing and administration charts showed that medicines were being administered as prescribed. A recent audit of medicines management practices had been completed and recommendations as a result of that review had been addressed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge continued to review and update the 'All about me' needs assessment. Support plans were in place for all identified issues including specific health care needs and were found to be individualised and informative.

Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually at which residents' personal goals and support needs for the coming year were discussed. While residents spoken with confirmed that they were supported to progress and achieve their chosen goals, improvements were required to ensure that goals set out for 2023 were clearly documented along with updates regarding the progress and effectiveness of those goals.

'My support needs assessment' the new standardised assessment of need process had not been completed in line with the regulatory plan submitted to the Chief Inspector has been included as an action under Regulation 23:Governance and management .

Judgment: Substantially compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health-care that they needed. Residents' medical conditions continued to be closely monitored. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of residents' files indicated that residents had been regularly reviewed by the psychologist, psychiatrist, dentist, chiropodist and optician. Residents had also been supported to avail of vaccination programmes and national screening programmes including breast check, cervical check and diabetic retinal screening.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Residents who required support had regular access to psychology services. Some residents had positive behaviour support plans and psychological and behavioural guidelines in place. Staff continued to promote a restraint free environment. Restrictions in place were regularly reviewed and some restrictions previously in use had been removed. There was multidisciplinary input into the decisions taken, a risk assessment and clear rationale outlined for restrictions in use.

Judgment: Compliant

Regulation 8: Protection

All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. There were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Information was available to residents in a suitable accessible format. Residents were supported to communicate in accordance with their needs, including the use of visual schedules and Lámh (a manual sign language). Residents were consulted with and involved in decisions about their care and support. Residents continued to be consulted with at weekly house meetings and had recently been involved in a decision to change the name of the service and had collectively decided on a new name. The assisted decision making act had been discussed at a recent meeting with residents. Residents were supported to voice their views and share their concerns regarding the operation of the service. At a meeting in early July residents had voiced that they were unhappy with the uncertainty in the staff rota, not knowing what staff were coming on duty and raised concerns regarding the use of agency staff. Minutes of meetings from August indicated that residents were happier now that there had been no agency staff on duty.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Michel Services OSV-0005700

Inspection ID: MON-0032177

Date of inspection: 05/09/2023

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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: Recruitment is ongoing to appoint a person in charge within the Centre. In the interim, the current Person in Charge will have eight protected administration hours per week within the Centre. An operational restructure has resulted in the interim person in charge having reduced responsibility for other services effective from 25th September 2023. The interim Person in Charge now holds responsibility for eight designated Centre's and no longer holds responsibility for Day Services within the organization which affords more time within the Centre. The interim Person in Charge will also be supported by a Team Leader from the 18th of September 2023 who will have twelve administration hours per week within the Centre.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Human Resources Department have reviewed all staff files and all information is now up to date including training certificates submitted by the staff. A Team Leader has commenced in the Centre effective from 18th September 2023 who will work twenty-five hours per week on the rota with twelve hours' administration hours per week. This will further reduce the requirement for agency staff within the Centre. Recruitment is ongoing also for relief Social Care Workers and relief Care Assistants to further minimize the requirement for Agency staff within the Centre.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Recruitment is ongoing to appoint a person in charge within the Centre. In the interim, the current Person in Charge will have eight protected administration hours per week within the Centre. An operational restructure has resulted in the interim person in charge having reduced responsibility for other services effective from 25th September 2023. The interim Person in Charge now holds responsibility for eight designated Centres and no longer holds responsibility for Day Services within the organization which affords more time within the Centre; this is a reduction in Seven day Centres and two Designated Centres. The interim Person in Charge will also be supported by a Team Leader from the 18th September 2023 who will have twelve administration hours per week within the Centre.

The Human Resources Department have reviewed all staff files and all information is now up to date including training certificates submitted by the staff.

A Team Leader has commenced in the Centre effective from 18th September 2023 who will work twenty-five hours per week on the rota with twelve hours' administration hours per week. This will further reduce the requirement for agency staff within the Centre.

Recruitment is ongoing also for relief Social Care Workers and relief Care Assistants to further minimize the requirement for Agency staff within the Centre.

My 'All About Me Assessment' document is an existing Ability West document, which is completed by the Person in Charge and the Keyworker, it can be located in the personal plans for the purpose of review. This assessment is completed in conjunction with the resident and reflects their wishes. The Person in Charge will ensure that this document is regularly reviewed when an emerging/ changing need is identified.

'My Support Needs Assessment' has been completed by the Person in Charge and a member from the Multidisciplinary Team. This document is stage one of a Provider needs assessment to inform current and future needs for each resident in Ability West.

The recording in relation to the progress and effectiveness of residents' personal goals will be reviewed on a monthly basis by keyworkers with residents and all relevant information clearly documented in residents' working files. This will be reviewed monthly by the Team Leader and the Person in Charge and evidenced in audit templates within the Centre. Key working and goal planning will be added to the staff supervision schedule and team meeting minutes.

The Person Participating in Management has changed for the Centre. The Person

Participating in Management has a schedule in place to clearly set out when they will visit the designated centre and meet with the residents. There is a schedule in place also to ensure that the Person Participating in Management and the Person in Charge meet regurarly to carry out audits and ensure the delivery of an effective Service. The change in the Person Participating in Management has been discussed with Residents at a recent Residents meeting.

Regulation 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been reviewed to clearly outline the current vacancies within the Centre, the current management arrangements to include the Person Participating in Management and how the Person in Charge will effectively oversee the Service and the newly appointed team leader.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A nighttime drill was completed on the 6th September 2023 with an evacuation time of 1 minute and 20 seconds and no concerns noted in relation to the evacuation. The night time fire protocol was discussed with all staff with clarity given in relation to responsibility for the checking of the fire alarm in the event of a fire at night. This will be discussed at monthly team meetings going forward .	
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: My 'All About Me Assessment' document is an existing Ability West document, which is completed by the Person in Charge and the Keyworker, it can be located in the personal plans for the purpose of review. This assessment is completed in conjunction with the resident and reflects their wishes.	

The Person in Charge will ensure that this document is regularly reviewed when an emerging/ changing need is identified.

My Support Needs Assessment has been completed by the Person in Charge and a member from the Multidisciplinary Team. This document is stage one of a Provider needs assessment to inform current and future needs for each resident in Ability West.

The recording in relation to the progress and effectiveness of resident's personal goals will be reviewed on a monthly basis by keyworkers with residents and all relevant information clearly documented in resident working files. This will be reviewed monthly by the Team Leader and the Person in Charge and evidenced in audit templates within the Centre. Key working and goal planning will be added to the staff supervision schedule and team meeting minutes.

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	30/10/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	18/09/2023
Regulation 15(5)	The person in charge shall ensure that he or she has obtained	Substantially Compliant	Yellow	11/09/2023

	in respect of all staff the information and documents specified in Schedule 2.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	18/09/2023
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	11/09/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	13/10/2023
Regulation	The person in	Substantially	Yellow	11/09/2023

05(6)(c)	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.	Compliant		