

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0001506
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 August 2015 09:15	18 August 2015 17:00
19 August 2015 09:00	19 August 2015 14:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This report set out the findings of an announced registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to register a designated centre.

The inspection took place over two days and was the first inspection of the centre undertaken by the Authority.

The centre currently accommodates six residents of each gender. Five residents reside in the centre on a long term basis. The centre accommodates one resident for a respite service at a given time. Three residents avail of the respite service. The

specific care and support needs of the residents were in the mild to high range of intellectual disability. Some have physical/sensory disabilities and age related healthcare needs.

The inspector found that residents received a good quality service. Staff supported the residents in making decisions and choices about their lives and their involvement in the running of the house.

There is a clear management structure and staff were aware of the reporting arrangements in place. There was sufficient staff with the proper skills and experience to meet the assessed needs of residents at the time of the inspection

The centre is well maintained both internally and externally and decorated to a good standard. Each resident has their own bedroom. Staff were knowledgeable and responsive to the residents' physical and healthcare needs care needs

The Action Plan at the end of the report identifies areas where improvements are identified to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The person in charge was knowledgeable about the residents needs. It was evident that the residents were familiar with and engaged well with the person in charge. Their documented profiles described well their level of independence and what they could do for themselves.

All residents had single bedrooms. Bedrooms were well personalized with photos and mementos. There was evidence that staff actions maintained resident's dignity and respect when carrying out personal care, with doors closed. There was adequate storage in each bedroom for clothing and possessions. There was a policy in place that covered resident's personal possessions.

The inspector reviewed the systems in place to support service users with management of their finances. Receipts were retained for all items purchased. The records for the management of the household budget demonstrated clear accounting systems.

There were audit arrangements in place by the person in charge to ensure accuracy and transparency in the managing of residents' personal finances. Routine checks were undertaken to reconcile expenses incurred with financial records maintained. However, the filing and storage of financial statements requires review to fully assure the residents' privacy

There was a complaints policy in place. A designated person was named to whom complaints could be made at a local level in the centre. The complaints policy included an appeals process.

The complaint procedure was displayed in the dining area. There was good use of photograph to assist residents understand to whom they could raise an issue with if they were unhappy

Residents' weekly meetings took place. This provided the opportunity for residents to express any issues and plan their week.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector observed that staff were aware of the resident's communication methods and how they expressed themselves. By virtue of long standing relationships the staff understood the resident's preferences and the meaning behind their non verbal communication.

The majority of the staff have worked at the centre since it opened initially and are very familiar with resident's facial and vocal expressions. Staff were observed interpreting what individual residents' were communicating to them. Residents had a variety of tools to assist them communicate and express themselves through the use of photos and pictorial aids.

Residents had access to television and staff were aware of their favourite television programmes, music, and activity or preferred clothing. One resident had a variety of channel to reflect is preferred interests. Community links were maintained with access to outside activities, music or concerts and shopping centres.

Each resident had a hospital passport completed to outline all their required information in the event of a transfer to an acute hospital.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Each resident residing in the centre had access to a day service. The majority of residents attended their day service five days each week. Some of the older residents did not attend on Monday. This day was described to the inspector as a day off. Residents could lie in later and participated in an active retirement day. This was facilitated by the attendance of staff member from the day service visiting their home. The staff member assisted in facilitating meaningful engagement throughout the day suitable to residents' capacity and life stage.

Families were actively encouraged and involved in the lives of residents. Relatives of residents through questionnaires submitted to the Authority confirmed that there was open visiting in the centre. Residents were facilitated to go and stay with family members at weekends or for holidays. One resident was at home with her family at the time of this inspection. Another relative met and spoke with the inspector during the visit. She confirmed a high level of satisfaction with the care provided and confirmed she feels free to visit any time and is always welcomed.

Residents were involved in various outings and activities outside of the centre. A vehicle is available for staff to use to transport residents to external activities. Relatives and staff confirmed that residents were frequently escorted by staff to various events and this was also captured in the resident's personal plans.

The majority of the residents have resided together in the house for over 20 years and have formed strong bonds and friendships. Some have become interdependent on each other and look out for one another in their daily lives. They attend social outings and the day centre in each other's company.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

As required by Schedule 5 of the Regulations, there was a written policy and procedures regarding admission, transfer, discharge and temporary absence of residents. The statement of purpose also outlined the admission process. All five residents have lived at the centre for a considerable period of time. The three same residents having been attending for respite service and are familiar to the resident's residing in the centre on a long term basis. There has been no new admission in the recent past to the centre.

The inspector found that all residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspector reviewed a sample of two contracts of care. All contracts were signed by relevant parties.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Each resident had a plan outlining their personal goals for the year. There was evidence of appropriate multidisciplinary involvement in resident's personal plans at their annual review. This included family members and staff from the resident's day service.

A review of the personal plans for residents demonstrated good practice in the promotion of individualised care for residents. Residents' preferences were considered and supported in enhancing their life experiences. One resident had attended a family wedding and an agricultural show. Residents had undertaken shopping trips to decorate their bedrooms with new soft furnishings as part of identified goals.

The plans were suitable to the different range of needs, capacities and life stage. The plans took account of residents' psychosocial needs as well as medical and physical status. The inspector found that there was sufficient knowledge and understanding by staff of the range of supportive interventions required to assist residents achieve their goals.

There was simplified or easy to read version of resident's personal plans available. These were available in each resident's bedroom and reflected their current personal goals.

There was evidence of good use of assistive technology, aids or appliance for example, digital photo frames and I- pads to promote residents full capabilities.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre presently accommodates six residents. The bungalow house is well maintained both internally and externally and decorated to a good standard. Each resident has their own bedroom. The location, design and layout of the house is suitable for its stated purpose. The house meets the residents' individual and collective needs in a comfortable and homely way.

There is an overhead tracking hoist provided in one bedroom. The bathroom and facilitates are suitable in size and designed to maximise the independence of residents. Showers are level with the floor ensuring ease of access and egress. One sink in the bathroom can readily have the height adjusted to meet the needs of individual residents.

Comfortable furniture and fittings are provided. The kitchen and dining area is large with ample space for cooking facilities and food storage. There is a spacious sitting room and separate from the dining and kitchen. All parts of the building are well ventilated with good natural lighting in all rooms.

Residents have access to an outdoor space which is safely enclosed and well maintained.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There are systems and procedures in place to promote the health and safety of residents, staff and visitors. There is corporate and localised policies in relation to health and safety, risk assessment and incident reporting. The centre specific health and safety statement was revised in April 2014. A risk register was maintained and actions were identified to minimise any hazards.

Individualised risk assessments were completed for each resident with precautions outlined to minimise the risk of harm or injury. These included risk assessments to identify hazards in relation to falls, transport safety, the risk of aspiration or seizure for residents with a history of epilepsy.

All staff had completed training in fire safety evacuation procedures. Records indicated routine fire drill practice were completed and identified staff and residents who participated and the length of time taken to evacuate. Residents' participation was documented and areas for improvement identified and documented to inform learning. Each resident has a personal emergency evacuation plan in place.

Fire safety equipment including the fire alarm, fire extinguishers, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required.

The inspector viewed evidence confirming all staff had up to date training in the safe moving and handling of residents.

The temperature of the hot water in ensuites and bathrooms is regulated by thermostats. Hand testing indicated it did not pose a safety risk to residents

However, a hand rail as recommended by the physiotherapist was not fitted along the hallway to support the independence of one resident with mobility impairment.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There was a policy on protecting vulnerable adults in place and all staff had received up-to-date training on responding to suspicions or allegations of abuse. No notifiable adult protection incidents which are a statutory reporting requirement to the Authority have occurred or being reported to date.

Staff to whom inspectors spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. All staff had up to date refresher training in protection of vulnerable adults.

In the sample of personal plans reviewed it was clearly stated whether a resident could maintain their own safety when away from the centre and if not what level of support and supervision was required. There was also information in the personal plans regarding the level of support required with personal and intimate care.

The inspector found that there were secure arrangements in place regarding the management of residents' finances which were supported by appropriate organisational policy. The person in charge was a designated agent for the majority of residents' pensions. Each resident's petty cash was held in a separate envelope. A record of the handling of money was maintained for each transaction. Receipts were retained for purchases. Two staff signatures were recorded in all instances for each transaction to ensure transparent arrangements.

There were two residents with behaviours that challenged at a mild level. Each resident had a behavioural support plan in place. The plans were developed in conjunction with staff and the behaviour support therapist. There was evidence of reviews by the psychiatry team routinely. Medication changes were recommended to ensure optimum therapeutic values.

However, residents had limited access to a psychology service. One resident referred in

April 2015 had not been reviewed at the time of this inspection. Another resident's behaviour support plan was reviewed and discussed via the phone.

Training in the management of behaviour that is challenging was being completed with staff. At the time of this inspection all staff were not trained in the newly adopted model of behaviour management. The person in charge had identified these staff and training dates were being arranged.

The inspector reviewed aspects of restraint management practices. Low beds were provided and crash mats and sensor alarms were in use. A risk assessment was completed prior to the use of bed-rails. However, the assessment tool only took account of a limited range of factors. Issues relating to behaviours that challenge or cognitive functioning was not part of the risk assessment. Where bed-rails were used a plan of care was not developed to outline the enabling function of the bed-rails.

All decisions relating to the use of restraint within the service were referred to a review board titled the human rights committee. The time-frame in which the committee responded to the centre with an outcome decision on referrals sent for consideration was protracted. This was noted by the inspector during a review of restraint assessment documentation.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector. Quarterly reports were provided as required.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training

and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents' general welfare and development was promoted. There was evidence of residents' individual involvement in stimulating activities that were appropriate to their capacities and preferences. Residents were facilitated and had had opportunities for new experiences and social participation.

Residents were able to partake in numerous activities and events external to the centre and in the local community and this included attendance at day centres, shopping trips and dining out. Residents' and staff spoken with by the inspector and their relatives through questionnaires submitted to the Authority, confirmed the residents had opportunities for meaningful engagement and community participation.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Staff were knowledgeable and responsive to the healthcare needs of residents. There was evidence of referrals for medical investigations and treatment. There was timely access to (GP) service, including out-of-hours.

There was evidence that resident's health care needs were met. Access to appropriate treatments and allied therapies was available to residents. Residents had access to dietetic, optical, speech and language, occupational therapy, psychiatry, dental, chiropody and audiology services.

Staff to whom inspector spoke stated that the quality and choice of food was frequently

discussed with individual residents and changes were made to the menu accordingly. Some residents assisted staff with the weekly shopping. The inspector noted the fridges were well stocked with a variety of nutritious and wholesome food.

The inspector reviewed the policy and guidelines for the monitoring and documentation of residents' nutritional intake. Residents' weight was checked routinely. Residents with swallowing difficulty were reviewed by the speech and language therapist. Staff were familiar with the different types of modified diets required by residents and could describe well to the inspector how their individual dietary needs are met. There was evidence following assessment of this information being communicated to the resident's day service.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There was a newly revised policy on the management and prescribing of medication which was compliant with guidelines and the legal framework. Medicines were being stored safely and securely. All medications were in blister packs. Staff were knowledgeable on the different medications and their functions.

There were no residents self medicating at the time of this visit. An assessment was not undertaken to ascertain if a resident had the capacity to manage their own medication safely. A risk assessment tool to guide staff in their decision making to facilitate residents who may wish to self medicate was not available.

Staff training records indicated that staff had undertaken relevant medication management training as described in the policy. There was evidence of monitoring medication management practices as auditing was undertaken.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided. It clearly set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The person in charge worked full-time and had the skills and experience necessary to manage the centre. It was evident that both the person in charge and the provider nominee had in-depth knowledge of the residents and their backgrounds.

The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. During the inspection the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. Records confirmed that she was committed to her own professional development.

There is a system to review the quality and safety of care and quality of life in place. Audits are completed by the person in charge. There was evidence of ongoing improvement strategies in place

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

The area service manager assumes responsibility for the person in charge in her absence on a short term basis. In the event of a prolonged absence the management team appoint an individual to fulfil the role until the return of the person in charge.

At the time of inspection the person in charge had not been absent for a period of time that required notification to the Authority.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was resourced to ensure the effective delivery of care and support in accordance with the centre's Statement of Purpose.

There was evidence that the person in charge monitored the centre's resources. Staffing levels were adequate to meet the needs of the residents.

The centre had access to regular maintenance services. Service contracts reviewed indicated that external contractors were engaged to service equipment on a regular basis. There was evidence of ongoing maintenance and decoration.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector examined staff rosters, reviewed residents physical care and psychosocial needs in care files and met with residents and discussed with staff their roles, responsibilities and working arrangements. There was sufficient staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account the purpose, size and the number of residents accommodated.

The inspector reviewed a selection of staff files and noted that the files contained all documents as required under schedule 2 of the regulations. Garda Siochana vetting was in place in each staff file examined.

There was education and training available to staff to enable them to provide care that reflects evidence based practice. Records evidenced a range of training was ongoing. However as described under Outcome 8, Safeguarding and Safety training in the management of behaviour that is challenging was not fully completed with for all staff.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found evidence of compliance in regard to records that need to be maintained in the centre as per Schedule 3 (residents' records) and Schedule 4 (general records) of the Regulations.

A directory of service users was maintained in the centre and this contained all of the matters required by the Regulations.

All of the written policies and procedures as required by Schedule 5 of the Regulations were in place.

It was noted by the inspector that records were maintained in a complete and organised manner and this made for ease of retrieval.

There was evidence that the centre was adequately insured against accidents, or injury to residents, staff and visitors.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0001506
Date of Inspection:	18 and 19 August 2015
Date of response:	13 October 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The filing and storage of financial statements requires review to fully assure the residents' privacy

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Residents' personal finances are now filed in a locked filing cabinet in the office. The Person in Charge is the only staff member who has access to this filing cabinet. Residents can have access to their own personal financial information at any time by arrangement with the Person in Charge. The Person in Charge is now the only person who checks and verifies the residents' three monthly statements.

Proposed Timescale: 20/08/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

A hand rail as recommended by the physiotherapist was not fitted along the hallway to support the independence of one resident with mobility impairment.

2. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The handrail recommended by the Physiotherapist is now fitted.

Proposed Timescale: 09/10/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The assessment tool only took account of a limited range of factors. Issues relating to behaviours that challenge or cognitive functioning was not part of the risk assessment. Where bedrails were used a plan of care was not developed to outline the enabling function of the bedrails.

The timeframe in which the committee responded to the centre with an outcome decision on referrals sent for consideration was protracted.

3. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- (a) A process is now in place whereby when a risk assessment is carried out, the Person in Charge arranges for Health and Safety and Psychology input.
- (b) A care plan has been developed to outline the enabling function of the bedrails.
- (c) The restriction involving the bedrail is up for hearing at the November meeting of the Restrictive Practices Committee.

Proposed Timescale: (a) 31/08/2015 (b) 18/08/2015 (c) 30/11/2015

Proposed Timescale: 30/11/2015

Theme: Safe Services

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

Residents had limited access to a psychology service.

4. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The residents in question have now had psychological input. A meeting was held on 31/08/2015 to discuss psychological input in the service going forward.

Proposed Timescale: 31/08/2015

Theme: Safe Services

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

Training in the management of behaviour that is challenging was not fully completed for all staff.

5. Action Required:

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

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

Training in Studio 3 has been organised for all outstanding staff members

Proposed Timescale: 31/01/2016

Outcome 12. Medication Management

Theme: Health and Development

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

A risk assessment tool to guide staff in their decision making to facilitate residents who may wish to self medicate was not available.

6. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

A risk assessment tool is now available in the new medication policy. This assessment tool has been discussed with all staff and risk assessments are in the process of being carried out with all residents.

Proposed Timescale: 30/11/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Training in the management of behaviour that is challenging was not fully complied with for all staff.

7. Action Required:

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

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

Training in Studio 3 has been organised for all outstanding staff members.

Proposed Timescale: 30/01/2016