



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

Issued by the Chief Inspector

Name of designated centre:	Oldfield Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	16 September 2020
Centre ID:	OSV-0001510
Fieldwork ID:	MON-0030167

About the designated centre

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

Oldfield Services is a designated centre which offers full-time, part-time and respite services to residents with a low to moderate intellectual disability. The centre can also support residents with complex needs such as behaviours that may challenge, epilepsy, autism and mental health issues. A social care model is provided in the centre and residents are supported by both social care workers and care attendants. Staffing arrangements in this centre facilitate residents to engage in community activities and a sleep in arrangement of one staff member is used to support residents during night time hours. The centre is a large, two-storey, building which is located in a suburban area of a large city. Each resident has their own bedroom and there is ample shared living arrangements for residents to have visitors in private, if they so wished. There is also a large patio area for residents to enjoy and there is transport available for residents to access the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 16 September 2020	09:30hrs to 14:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector met with two residents for a short period of time on the morning of inspection. Both residents were waiting to go to their respective day centres and they appeared relaxed while they interacted with a staff member and the person in charge.

One resident spoke directly with the inspector and they discussed how they liked their home and that staff were very nice. They also talked about COVID-19 and how it was important to wash your hands. The other resident did not speak directly with the inspector but they indicated to the person in charge that they were looking forward to attending their day service.

A staff member also spoke with the inspector and they discussed how life had been for the residents since the COVID-19 emergency. They felt that residents had coped well and that they passed the time with various in-house activities. The staff member also had a good understanding of the residents' care needs and they spoke clearly in regards to how individual residents like to spend their day and how some residents required additional support with their health which could also effect their behaviours.

Overall, the centre had a very pleasant atmosphere and it appeared that residents liked living there. It was spacious and individual living areas and reception rooms were available for residents to relax.

Capacity and capability

Overall, the inspector found that the governance arrangements which were implemented ensured that the quality and safety of care was maintained to a good standard.

The person in charge facilitated the inspection and they were found to have a good understanding of the centre and of the services which were in place to meet the resident's individual needs. Regular team meetings and staff supervision had also recommenced which facilitated staff members to raise concerns in regards to the service which was provided.

The provider had systems in place for monitoring care practices within the centre which involved regular auditing in areas such as adverse events, personal planning and medications. The provider had also completed the centre's annual review and the unannounced audits as required by the regulations. Some minor areas for improvement had been identified and the person in charge had completed

an action plan to address these issues. Overall, the inspector found that the auditing systems assisted in improving the service which residents received.

The provider had contingency planning in place in regards to COVID-19. Plans were in place in regards to isolating residents, should it be required and staff members had undertaken additional training in regards to hand hygiene, infection control and the use of personal protective equipment (PPE).

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents were supported by staff who were familiar to them.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with their training needs and additional training in regards to infection control had been completed by all staff.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements which were in place assisted in ensuring that residents received a service which was safe and effectively monitored.

Judgment: Compliant

Quality and safety

Residents had personal plans in place which were found to be comprehensive and assisted staff in the delivery of care. Residents were also supported to identify goals which were specific to each individual's wishes. For example, a resident had identified goals such as going on holidays, meals out and spending time with their families. Some personal goals had been put on hold due to COVID-19 but the staff team had implemented additional activities which were based in the centre and

appealed to resident's personal interests. Overall the inspector found that the arrangements which were in place to support residents with their chosen goals was positive in nature and assisted in ensuring that residents had a good quality of life.

The provider had a system in place for identifying, recording and responding to adverse events. The person in charge had a good knowledge of this system and all recorded incidents had been addressed by management of the centre. The provider also had risk management policies and procedures in place which assisted promoting residents' safety. Although there was no direct impact on the safety of care which was provided, some improvements were required in regards to the management of risk. For example, there was an escalation pathway which indicated that risks which could not be managed in the centre should be escalated to senior management, but this pathway did not clarify which level of risk should be escalated and the inspector found that a red rated risk had not been escalated to senior management. Furthermore, the regulations require that the risk management policy contains the measures and actions to control specified risks; however, the policy detailed that these measures and actions could be found in individual risk assessments, with no further direction or guidance issued from the provider to manage these situations. Overall, the inspector found that the safety of residents was maintained to a good standard but improvements in regards to the risk management policy and escalation pathway would further promote the safety of residents.

The provider had fire arrangements in place such as emergency lighting, fire alarm system, fire extinguishers and fire doors which promoted the safety of residents and staff. Staff were completing regular reviews of these arrangements and fire drill records indicated that residents could be evacuated in a prompt manner. However, some improvements were required to ensure that fire safety within the centre was robust at all times. For example, the provider clearly showed that all fire doors would be closed should a fire occur during night-time hours; however, they were unable to demonstrate that fire doors would close at all other times of the day. Although there were many positive examples that fire safety was taken seriously, fire arrangements did require further review to ensure that the safety of residents was promoted at all times.

The inspector found that residents were happy in the centre and they appeared to enjoy the company of staff who were supporting them on the day of inspection. The inspection did highlight some areas of care which required attention; however, overall it was apparent that residents were supported to live a good quality of life.

Regulation 11: Visits

The centre had re-opened to visitors and procedures had been implemented to ensure that the safety of residents was promoted.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management policy did not meet all requirements of the regulations and further clarity on the escalation of risks to senior management was required.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had contingency planning in place should an outbreak of COVID-19 occur. The provider had also introduced additional infection control training and PPE was readily available for staff, residents and visitors.

Judgment: Compliant

Regulation 28: Fire precautions

The provider failed to demonstrate that fire doors would close in the event of a fire occurring during daytime hours.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Accurate prescription sheets were maintained and additional guidance was in place to aid staff in the administration of rescue medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were individualised and

supported the delivery of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were behavioural support plans in place which guided staff in this area of care. These plans were also scheduled to be reviewed subsequent to the inspection in order to provide further clarity when responding to identified behaviours.

Judgment: Compliant

Regulation 8: Protection

Residents appeared happy in the centre and there was no active safeguarding plans required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oldfield Services OSV-0001510

Inspection ID: MON-0030167

Date of inspection: 16/09/2020

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>At Local level a procedure is in place to adhere to the Managing and Monitoring Process of the Risk Register . As part of the review The Person in Charge submits the 5 highest level risks to the Senior Manager assigned to the service as well as the Quality and Compliance Department .The Person in Charger has developed a system of recording this locally. The Person in Charge discussed the compliance issue with the Quality and Compliance Manager and it was agreed that this would be reviewed to incorporate this at organisational level at the next Policy Advisory Group on the 30th of November 2020.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Person in Charge has received details from the Ancillary Services Manager of correspondence sent to the Alarm Company for quotation for the overhead door closures</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Substantially Compliant	Yellow	30/11/2020
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental	Substantially Compliant	Yellow	30/11/2020

	injury to residents, visitors or staff.			
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Substantially Compliant	Yellow	30/11/2020
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: self-harm.	Substantially Compliant	Yellow	30/11/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	24/10/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	30/11/2020

	detecting, containing and extinguishing fires.			
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