



## Office of the Chief Inspector

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

Name of designated centre:	Avalon Respite Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	06 August 2019
Centre ID:	OSV-0004070
Fieldwork ID:	MON-0022562

## About the designated centre

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

Avalon services provides a six day a week respite service to residents with an intellectual disability and additional needs such as behavioural, medical and mobility support. Residents are supported by a combination of nurses, social care workers and care assistants; with staffing levels being dependent on the needs of residents accessing the centre for respite care. The centre has a capacity for eight residents including emergency respite admissions. Respite care is provided to some residents on a recurring weekly basis, with respite care being offered to other residents on a planned monthly basis.

The centre is located in a suburban area of a large city, where public transport facilities such as buses, taxis and trains are available. The centre is a large two-storey, purpose built facility and there is two bedrooms on the first floor, with a further six bedrooms on the ground floor. Two of the resident bedrooms are adapted with hoists to support residents with their mobility needs. In addition, residents have access to communal reception rooms and kitchen facilities on each floor of the centre.

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

Number of residents on the date of inspection:	7
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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
06 August 2019	12:30hrs to 18:00hrs	Ivan Cormican	Lead
06 August 2019	12:30hrs to 18:00hrs	Mairead Murphy	Support

## What residents told us and what inspectors observed

Inspectors met with three residents and one of these residents spent time telling inspectors what it was like to use the respite service. This resident stated that they liked the centre and the staff that supported them. They had full access to communal areas and they liked that they had their own bedroom for the duration of their stay. They also stated that the person in charge was very nice and that they could complain or go to any staff member if they had a concern. Inspectors observed that three residents appeared relaxed during the evening of inspection and they were busy settling into their own routines. Staff also appeared relaxed and were assisting residents with their personal belongings. Residents and their representatives had also completed questionnaires in regards to their experiences of using this service and the findings of these questionnaires were very positive and complementary of the centre.

## Capacity and capability

Overall, inspectors found that the provider had ensured that residents received a good quality service which was safe and effectively monitored.

The person in charge facilitated the inspection and was found to have a good understanding of the residents' care needs and of the respite service which was offered. The person in charge was conducting a range of internal audits which assisted in ensuring that the quality and safety of care which was provided to residents was maintained to a good standard.

The provider had a robust auditing system which assisted in driving improvements in regards to care practices. All required audits, as stated in the regulations, had been completed and the findings of these audits, indicated that a residents' received a good level of care and support. Some minor areas for improvement had been identified and the person in charge had made good progress in addressing these issues. The person in charge had completed the centre's annual review which examined trends in regards to incidents, safeguarding and the use of restrictive practices. A quality improvement plan has also been devised to ensure that any identified issues would be addressed. There was also a comprehensive consultation process with residents and their representatives which ensured that they were to the forefront of care. Feedback from this process indicted that overall both residents and their representatives, were happy with the service which was provided.

The provider had also produced a statement of purpose which clearly outlined the care needs which the designated centre could meet and the services and staffing

arrangements which would be implemented to meet those needs. The provider also had all required policies as stated in the regulation which were also reviewed within the required timelines.

The provider had recruitment practices in place which assisted in promoting the safeguarding of residents. Required documentation, such as, vetting disclosures, full employment histories and staff registration status with relevant professional bodies were available to inspectors. However, not all files reviewed had documentary evidence of relevant staff qualifications. The person in charge had a planned and actual staff roster in place that showed staff on duty during the day and night and their start and finish times. The rota also indicated that residents received continuity of care from staff members who were familiar to them. The provider had a system in place to ensure residents were provided with care from staff who received training, including refresher training in areas such as fire safety, protection and positive behaviour support. Additional to specific training in areas such as epilepsy, medication management, and protection against infection was also provided to assist staff in the delivery of care.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application to renew the registration of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The provider ensured that residents received continuity of care from familiar staff members and a review of the rota also indicated that staffing arrangements were altered to meet the care needs of residents. Staff were also up-to-date with their training needs; however, evidence of some staff qualifications for Schedule 2 documentation was not available on the day on inspection .

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

All staff received mandatory training in fire safety, protection and positive behavioural support and additional training in relation to epilepsy, medication

management and protection against infection was also offered. There was a system in place to ensure that staff employed on a full-time basis received regular supervision; however, inspectors found that improvements were required in regards to the formal supervision arrangements for relief staff.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The provider had a directory of residents in place which contained all information as set out in the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had completed all required reviews and audits as stated in the regulations. The person in charge also had a system in place for the ongoing review and monitoring of care practices which assisted in ensuring that the quality and safety of care provided was maintained to a good standard.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

A sample of written agreements were reviewed which clearly outlined the fees which residents would be charged and the services which they would receive.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had produced a statement of purpose which outlined the care needs which the centre could support and the services which would be implemented to meet those needs.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of records indicated that all notifications had been submitted as prescribed by the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies as stated in the regulations were in place and these policies were also reviewed within the required timelines.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that residents were supported to experience a good quality of life when using this respite service. Inspectors also found that residents appeared very happy at the centre and the arrangements which were put in place supported them to live full and active lives.

The provider had risk management systems in place which promoted the safety of residents. Any identified issues of concern, had a risk management plan in place which was reviewed in-line with procedures in the centre, for example, risks which had a low rating required annual review, whereas risks with a higher risk rating required more frequent review. There had also been a positive response in regards to the management of identified risks since the previous inspection. Specific risk management plans in regards to the use of restrictive practices were kept under regular review and the staff team had been supported by the provider and family representatives to actively reduce the use of some restrictive practices which had been previously implemented in response to safety concerns. The provider had a system in place for identifying and responding to adverse events which the person in charge monitored for trends which may impact on the quality and safety of care which residents received. Overall, inspectors found that the use of risk management procedures and the on-going monitoring of adverse events had assisted in ensuring that residents' safety was maintained to a good standard.

The person in charge had systems in place to ensure that residents' personal

belongings and money would be kept safe for the duration of their stay. Some residents chose to leave some personal belongings in the centre while other residents chose to remove their belongings when they left. Some residents maintained their own money whereas some residents required assistance. There was robust systems in place to ensure that any money which was spent on behalf of residents was accounted for and staff within the centre were completing regular audits of cash balances. Residents could also lock their bedroom doors if they so wished.

It was evident that there was an ongoing consultation process with respite users and a review of meetings in the centre indicated that residents had decided on guidelines which they would like to adhere to when using the service such as respecting fellow respite users personal space and belongings. A resident who met with the inspector also stated that they enjoyed the company of staff members and that they could decide what activities which they would like to do each time they visited the centre. A review of records also indicated that residents had good access to nearby services such as restaurants, shops and local public areas. Information on advocacy, complaints and rights was readily available and each resident had their own bedroom for the duration of their stay. However, some improvements were required in regards to viewing devices which were located in some doors in the centre, which may impact on residents' privacy.

### Regulation 12: Personal possessions

Residents were supported to manage their money in-line with their needs and wishes while using the respite service. There were also facilities and systems in place to ensure that personal belongings were kept safe for the duration of their stay.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had good access to local amenities during their stay such as restaurants, shops and local areas of interest.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had produced a guide for residents in respect of the designated centre; however, some improvements were required in regards to this document to ensure it contained all information as required by the regulations.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had systems in place for the identification and management of risks. There were comprehensive risk management plans in place in response to safety concerns and these plans were kept under regular review.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety equipment in place such as fire doors, fire alarm system and emergency lighting. Competent people were servicing this equipment, as required, and staff members were doing regular checks of fire safety equipment and procedures to ensure that they were effective. However, some improvements were required in regards to fire drills as fire safety records failed to demonstrate that residents could be evacuated when minimum staffing was available.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Staff members could account for the procedures to be followed for the administration of emergency medication and improvements had been made to supporting administration protocols since the last inspection of this centre. Residents had been supported to manage their own medications; however, some improvements were required to further support some resident's independence as additional oversight arrangements had been implemented while supporting documentation stated that these measures were not required.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

There were some restrictive practices implemented in response to safety concerns and the staff team were actively undertaking a programme of care which aimed to reduce and eliminate some of these practices. Inspectors found that this programme was kept under regular review to ensure that the safety of residents was maintained at all times. The provider had also sought consent for the use of restrictive practices.

Judgment: Compliant

## Regulation 9: Residents' rights

Information on residents' rights, advocacy and the confidential recipient were readily available and regular residents' meetings were occurring. A resident who met with an inspector stated that they liked the centre and that staff treated them very well. However, some improvements were required in regards to viewing devices which were located in some doors in the centre.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Avalon Respite Services OSV-0004070

Inspection ID: MON-0022562

Date of inspection: 06/08/2019

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staff qualifications for schedule 2 documentation to be obtained from staff members and are to be made available on staff files	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Support and Development schedule for relief staff to be complied and completed accordingly	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: Residents Guide to be updated with all relevant information as required by the regulations. Once updated the Residents Guide is to be sent to the administration department within the organization for formatting	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Fire drill was completed with maximum residents and minimum staffing on 18/08/2019.  Fire safety records were completed to reflect this. The completion of fire safety records to be highlighted at the next staff meeting on 27/08/2019</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  The resident will be reassessed in relation to the self-administration of medication. The self-administration assessment tool and/or risk assessment to be amended/updated as required.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Temporary measure to cover viewing devices put in place immediately following the inspection. Facilities manager contacted regarding same and a more permanent measure to be completed by maintenance</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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	30/09/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2019
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	20/08/2019
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	20/08/2019
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the centre.	Substantially Compliant	Yellow	20/08/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and	Substantially Compliant	Yellow	27/08/2019

	bringing them to safe locations.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	20/08/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	22/08/2019