

**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-0001495
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Ann-Marie O'Neill
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 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 August 2014 09:50 To: 06 August 2014 13:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management

Summary of findings from this inspection

This was the first inspection of this centre. Originally the centre had been part of another designated centre that comprised of two residential units, however, the inspector formed the view during the course of the inspection that there was a different focus of care in both residential units and a decision was made to make each residential unit a separate designated centre.

The centre was comfortably furnished, of modern design, warm and well lit with appropriate artificial and natural lighting throughout. There was a focus on community participation in the centre. Residents had good access to their local community due to the location of the centre. Residents had access to meaningful activities and showed the inspector photographs of excursions they had been on and spoke of future outings that were planned.

The person in charge had a keen interest in cooking and there was an extensive array of recipe books and menu choices for residents. There was a focus on inclusion in decision making in relation to menu choices and inclusion of varied meal choices with individual food preference choices catered for.

Residents had received speech and language therapy and physiotherapy reviews, which informed comprehensive care plans that were individualised to meet the needs of residents. However, there was limited access for residents to dietetic services. Some residents identified at nutritional risk had not received dietetic review due to waiting lists in the public sector.

The centre catered for residential and respite service users. Long term residents' rooms were used to offer respite services when residents were on holidays or visiting their families which impacted on residents' rights. The inspector found that some personal effects of the residents that used the service on a residential basis were not stored away during the respite user's stay which impacted on the privacy of the resident.

Overall the inspector found good practice in all outcomes, however, some non compliances were found under residents rights, health and safety and risk management and healthcare. The findings are outlined in the body of the report with associated actions and provider's response in the action plan at the end of the report

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 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector did not look at all aspects of this outcome on this monitoring inspection. The resident's charter of rights was placed in a prominent position in the hallway. Photographs of the residents were used to demonstrate the core aspects of their charter of rights for example, demonstrating respect and kindness to each other. Assistive devices in the form of a touch buttons to activate a voice recorded descriptions of the written word and pictures was also available for residents that may not be able to read. However, the centre's information governance procedures did not protect residents' privacy.

Some residents in this centre visited their family overnight. During their absence from the centre, their bedrooms were used to offer residential respite to other service users. Privacy had not been respected nor personal belongings protected, as the inspector noted that residents' personal effects, such as photographs and a physiotherapy programme had not been put away before respite residents arrived for their stay. The person in charge ensured personal physiotherapy programmes were filed away during the inspection.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

Resident's wellbeing and welfare was maintained to a good standard of care and support. Residents had opportunities to participate in meaningful activities appropriate to his or her interests and preferences, for example, residents had the opportunity to visit family and friends, attend family gatherings, holidays and excursions to local sites of interest. A resident showed the inspector a photograph album of all the places they had visited in the last year and a collection of brochures from the excursions were maintained in the album as a memento of the trips. Residents also showed the inspector their personal plans and indicated their involvement in their development. Photographs were used as a visual aid to indicate their goals achieved or working towards for residents with reading difficulty.

Personal plans were drawn up with participation of each resident using a person centre planning process and circle of support meetings with associated action plans with goals and time lines documented. Residents and their representative/family were actively involved in a person centred assessment to identify their individual needs and choices. The arrangements to meet each resident's assessed needs were set out in a personal plan that reflected his /her needs, interests and capacities. Not all circle of support plans were up to date but, the inspector did observe a note indicating some residents' families/representatives were unable to attend on the specified date and the action plans were still ongoing until the next meeting.

There was evidence that assessments of residents needs utilised multi-disciplinary input such as speech and language, psychology, physiotherapy and occupational therapy.

Resident's personal plans were accessible to them and the inspector noted they had copies of these in their bedrooms, residents using the service as a respite setting also had their personal plans accessible in the room during their stay.

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):

This was the centre's first inspection by the Authority.

Findings:

The design and layout of the centre met the needs of the residents. There were adequate communal and private space for residents to use with a pleasant secure garden space for residents to use. Rooms were a suitable size to meet resident's needs and there was adequate storage for resident's belongings. Residents with reduced mobility had access to ground floor bedrooms with adapted accessible en suite facilities for bathing.

There were records to indicate the boiler had been serviced recently in May 2014, the oil tank had been recently filled in July 2014, carpets had been cleaned throughout in June 2014, the garden and outdoor space had been maintained with power washing off outdoor walls in July 2014 and the gas fire in the sitting room had received an annual service in April 2014.

The centre was comfortable, warm, with modern furnishings and good natural and artificial light. The centre's toilets and bathing facilities were kept to good standard of cleanliness. Cutlery and plates were of modern design and chosen to meet the decor of the centre.

The inspector noted the location of the centre provided residents with excellent opportunity to access to their local community.

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):

This was the centre's first inspection by the Authority.

Findings:

There was good health and safety and risk management in place however, aspects of cleaning practices required improvement to ensure procedures were consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

The centre had adequate precautions against the risk of fire in place. Emergency lighting was in place over fire exits and each fire exit door had a break glass box that held a spare key for each door. There were up to date emergency exit and fire alarm checks, the fire extinguishers had been serviced 1 July 2014 with break glass fire alarm boxes serviced 22 May 2014. A fire blanket was located in the kitchen and the fire alarm indicated it had been serviced in May 2014.

Each resident had an emergency evacuation plan in place fire drills occurred with adequate consistency and residents requiring communicative assistance had flash cards with pictures of fire to alert them in the event of a drill or actual evacuation. For residents that used sign language there were cards with sign language symbols for fire and staff spoken with could demonstrate their knowledge of how to communicate this symbol to the resident.

Residents spoken with gave a good outline of how they evacuated the centre in the event of a fire and where the assembly point was located. They also demonstrated knowledge of compartmentalisation technique in the event of the fire occurring on the stairs or landing preventing them from exiting the downstairs emergency exits.

The centre had a risk register in place and also an up to date health and safety statement. There was evidence of regular electricity checks and carbon monoxide checks were up to date, the centre had two carbon monoxide monitors.

The inspector noted a high level of cleanliness in the centre and there were infection control measures were in place, for example allocated mops for use in specific areas of the centre. The inspector noted there were hand gels available and instructions for hand washing techniques for residents and staff to follow. A daily cleaning schedule for the centre was comprehensive however, it did not indicate what surfaces required disinfection and how frequently, nor did it specify if there was a segregation system and what cloths should be used to wipe what surfaces.

Judgment:

Non Compliant - Minor

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):

This was the centre's first inspection by the Authority.

Findings:

Resident's individual health needs were assessed and the care provided was based on their assessed needs. Residents had access to GP services and appropriate treatment and therapies were facilitated.

There was evidence to show residents had referred to and received assessment and intervention from physiotherapy, occupational therapy and speech and language therapy (SALT). The inspector noted that residents requiring equipment for mobilising had been reviewed by the physiotherapist and assistive equipment had been supplied which improved the residents' access to their wider community and to participate in social excursions.

The inspector noted residents had received a comprehensive SALT assessment with clear individualised recommendations, for example, residents had prescribed modified consistency meals and fluids. Care plans were signed by staff that they had read and understood them. Residents also showed an understanding of their programmes in relation to eating and drinking and had received input from the speech and language therapist on what foods they were best to avoid or how they should be cut to ensure resident safety.

Colour coded chopping boards were in use to ensure raw meat and fresh vegetables were not chopped on the same board as a measure to reduce food contamination. Instructions were available to staff to indicate where foods should be stored in the fridge and how frozen goods were thawed.

The inspector observed a very relaxed, pleasant late morning breakfast with residents. Individual needs were catered for in this setting and residents appeared to enjoy the setting and atmosphere created by staff. The inspector also noted a large array of foods for the preparation of nutritious meals. A choice of menu books were also kept in the centre and residents actively participated in choosing their weekly mealtime menu options. The centre had also recently won a prize for an organisation wide event of 'come dine with me'. Residents had the opportunity to eat their meals inside or outside in pleasant surroundings and the person in charge indicated that this happened often during spells of good weather.

Access to dietetic services was limited for residents living in the centre due to lengthy public waiting lists for dietetic review. Some residents were prescribed cholesterol reducing medication and efforts by the person in charge had been made to ensure the resident received a cholesterol reducing diet however, this had not been reviewed by a dietician. The inspector noted that residents assessed as nutritionally at risk had not received a dietician review as per policy guidelines. In the days after the inspection the provider contacted the HSE in relation to resident's limited access to dietetic services.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found there were effective management systems in place in the centre. There was a clearly defined management structure and the centre was managed by a suitably qualified, skilled and experienced person.

The person in charge of the centre had completed training in food preparation training, fire safety, first aid and preparing for regulation indicating a commitment to continuous professional development.

There was evidence of ongoing supervision of staff and regular liaison with the area manager for the centre. The inspector noted the person in charge was very committed to ensuring residents in the centre had a good experience of care and nutrition. She had a particular interest in cooking and development of menu plans to ensure choice and inclusion of residents in menu planning.

The inspector also noted the person in charge had ensured a high standard of furnishing with personal touches throughout the centre.

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:

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Inspector of Social Services
Regulation Directorate
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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-0001495
Date of Inspection:	06 August 2014
Date of response:	03 September 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

Resident's privacy and dignity was not respected in relation to personal space and personal information.

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 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:

A protocol has now been put in place to ensure that personal items belonging to

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

residents, e.g. photographs, physiotherapy programmes, are put away prior to the arrival of individuals receiving respite.

Proposed Timescale: 29/08/2014

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:

The cleaning schedule for the centre required more specific instruction to ensure procedures were consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The cleaning schedule now specifies which surfaces need to be disinfected and frequency of same. Specific cloths are used for different tasks. Re-usable cloths are washed in the washing machine at appropriate temperatures.

Proposed Timescale: 29/08/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents had limited access to dietetic services.

Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Contact has been made with a private clinical dietician and assessments have been arranged for all residents. Additionally, the Registered Provider has written to the HSE regarding access to a dietetic service for people with intellectual disability.

Proposed Timescale: 03/10/2014