Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Dominic's Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	07 February 2024
Centre ID:	OSV-0001507
Fieldwork ID:	MON-0042455

About the designated centre

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

This designated centre is operated by Ability West and can provide residential and respite care for up to seven residents, who are over the age of 18 years and who have an intellectual disability. Six beds are for residential care and an additional bed is used to provide a respite service. The centre is located within a town in Co. Galway and comprises of one large bungalow dwelling. Each resident has their own bedroom, shared bathrooms and all have communal use of a sitting room, kitchen and dining area, sensory room, laundry room and there is also a staff office. A garden area surrounds the centre, which residents can access, as and when they wish. The centre can support residents with reduced mobility, with tracking hoist, wheelchair accessible ramps and transport available. The residents of this service are supported by a combination of social care workers and care assistants, with staff on duty each day to support the residents who live in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 7 February 2024	09:30hrs to 15:00hrs	Ivan Cormican	Lead
Wednesday 7 February 2024	09:30hrs to 15:00hrs	Anne Marie Byrne	Support

What residents told us and what inspectors observed

This centre is registered to provide a residential service for seven residents. In April 2022, the provider was required to submit an assurance report following the receipt of information in regards to the care and support which was offered. In December 2022, a follow up inspection was conducted which found that actions which were submitted by the provider, in their assurance report, were not implemented as described. In addition, an inspector found concerning levels of non-compliance in fire safety and the provider was required to take immediate and urgent action to address those issues. Furthermore, there were non compliance's in governance and management, person in charge arrangements and staffing arrangements, all of which were impacting negatively on the quality of support for residents.

In January 2023, the provider was issued with a warning letter which stated that the Chief Inspector would give consideration to the cancellation of the centre's registration, if the provider failed to improve the quality and safety of support for residents, and bring the centre into regulatory compliance. In response to this, the provider submitted a compliance plan setting out the actions they would take and in addition, submitted an overall organisation-wide governance improvement plan in April 2023. In October 2023, an inspection of this centre was undertaken to verify whether the provider's actions had resulted in improvements for residents; however, the inspection found continued issues in regards to the quality and safety of care which was offered, and in November 2023 the provider was issued with a Notice of Proposed Decision to cancel the registration of this centre

In response, the provider submitted a separate compliance plan and representation which outlined the actions which would be taken in order to improve the care provided, and bring the centre back into compliance with the regulations and standards. This report presents the findings of an unannounced inspection undertaken in February 2024. The purpose of this inspection was to assess the progress made with the actions and assurances which were submitted as part of the provider's representation, and also to assess the progress made in regards to the implementation of the provider's compliance plan. In conducting this inspection, inspectors monitored for compliance with the regulations, and also sought to determine if the actions and assurances submitted by the provider, had improved the service and brought about sufficient positive change in the quality and safety of care, provided to residents who used this service.

There were three staff on duty on the morning of inspection, and when they finished their shift another staff member attended the centre to support a resident who had recently retired. The inspection was also facilitated by the centre's newly appointed person in charge and a person who participated in it's management. Staff who met inspectors had a pleasant approach to care and they spoke positively about the day to day care which residents received.

On the morning of inspection, inspectors met with all six residents as they were

preparing for the day ahead. Five of the residents were ready to attend their respective day service and they sat with each other in the centre's sitting room. One resident had recently retired from day services, which they had celebrated with a party, and they were having a casual morning. The centre had a very pleasant atmosphere and one resident gave staff and both inspectors a hug before they left for the day.

Residents who used this service were part of an aging population and they had associated needs with assistance required in regards to their personal and intimate care, maintaining their safety, nutritional intake and social needs. Previous inspection findings highlighted a poor response to residents' changing needs, including a lack of prompt multidisciplinary support. Although improvements had been made in regards to multidisciplinary supports, this inspection found that there was also a significant lack of movement in regards to meeting residents' changing needs. In addition, there was also a noted disconnect between front line management and senior managers of the provider, with confusion in regards to actions which were submitted as part of the provider's representation and also in regards to the re-assessment of residents' needs. These issues will be discussed in the subsequent section of this report.

Capacity and capability

This was an unannounced inspection carried out to assess the provider's adherence to its compliance plan and representation submitted to the Chief Inspector following the inspection in October 2023. Inspectors found that there were improvements in regards to the provision of multidisciplinary supports, and that there had been recruitment and stabilisation of the staff team; however, issues remained in regards to the staff rota, and the re-assessment of, and response to, residents' changing needs. In addition, inspectors also noted a significant disconnect between local management of the centre and senior managers from within the provider. This resulted in the provider failing to demonstrate that all actions were implemented, as described in the provider's representation and compliance plan.

Due to continued failings in this centre from 2022, the provider was issued with a Notice of Proposed Decision to cancel the registration of this centre. In response the provider submitted a representation which included actions to address these failings. An inspector observed that 11 of the submitted actions were relevant to the day-to-day care which was offered to residents in St Dominics. An inspector reviewed these actions to determine if they had been implemented, and if they also brought about sufficient change in the oversight and delivery of care. Inspectors found that two of these actions had not been completed, two had been partially completed and seven actions had been fully implemented. Of these seven actions, significant work had been achieved in the recruitment of multidisciplinary staff. However, actions regards to the recruitment of nursing support had not been achieved, and the support needs assessment which was described in the representation, was ineffective in the

delivery of change for residents in this centre.

The provider's compliance plan in response to the centre's last inspection, included, detailed actions to provide additional oversight of care and improve the provider's response to residents' changing needs. Many of the actions listed were successfully implemented. For example, a person in charge had been recruited solely for this centre, and they were allocated full management capacity to carry out their duties. The provider had also implemented a range of internal audits for the person in charge to conduct and provide assurances that care was generally held to a good standard. There was also scheduled support from two senior managers.

Although, many aspects of the compliance plan were implemented, there was a noted disconnect between senior and local management of the centre. A local senior manager had not been made aware of a business case which had been submitted for additional staffing, and the provider's representation had only been made available to them in the week prior to this inspection. There was also a lack of clarity in regards to the "support needs assessments" of residents which had been completed, with both the person in charge and senior manager unsure of the outcome of this assessment.

The provider had enhanced the management structures in the centre. A full time person in charge had been employed, who conducted quarterly reviews of the service with their immediate manager. They also implemented internal review and audits of care which assisted in ensuring that day to day care practices would be held to a good standard.

Inspectors found that there were some improvements with the provision of additional allied health secured; however, issues with regard to the assessment of residents' needs continued to impact upon care and delay the decision making process in the allocation of resources. Although the majority of actions which the provider submitted were implemented, the provision of nursing care and associated care planning had not been implemented at the time of this inspection.

Overall, inspectors found that there had been some positive change in regards to to recruitment of allied health professionals; however, issues still remained in regards to the oversight of care and the implementation of change as residents' needs increased.

Regulation 15: Staffing

Staff on duty on the day of inspection were kind in their approach to care and there had a good rapport with residents. Inspectors observed that residents went to them for reassurance and they also smiled and waved goodbye as they left to attend for day services.

Adequate staffing resources are a fundamental aspect in the delivery of care to residents with high support and ever changing needs. Inspectors found that the

staffing allocation was in line with the centre's rota for the day of inspection with three staff on duty. The previous night time arrangement was also maintained with both a sleep in and a waking night staff supporting residents.

The person in charge explained that two posts had been filled but there continued to be one and a half staff vacancies. They stated that these hours were covered by relief, full time and also agency staff. They explained that in general, the shifts in the centre were covered but occasionally due to unforeseen circumstances a shift may not be covered. However, a review of the rota indicated that significant improvements were required to this document. There were several gaps in regards to night duty and although the person in charge was assured that these shifts were covered - this was not evident in the rota. In addition, there was a number of incomplete entries for staff members' names, including agency with management unable to recount the full name of an agency staff who had recently completed a shift in the centre. Furthermore, the development of a nursing post for this centre had not been filled as described in the provider's representation.

Judgment: Not compliant

Regulation 23: Governance and management

The relay of information to and from senior management to the centre was a concern. For example, both the person in charge and local senior manager were only made aware of the provider's representation in the week prior to this inspection. They were not made aware of requests for additional funding for staffing and they had little understanding of the support needs assessment which was conducted and used to guide in the future delivery of care. The inspector found that that the lack of communication between local and senior management had the potential to impact on the future delivery of care.

There had been a recent history of falls for one resident and there were also two near misses in the weeks prior to the inspection. Although the resident's changing needs were clearly evident, two separate assessments were conducted by the provider in order from them to also come to this conclusion. An additional report was also compiled in November 2023 which gave an overview of the above assessments and included recommendations for age related models of care, nursing interventions, continued support from allied health professionals and also recommended input from a clinical nurse specialist in age related care. However, this report gave no insight into the specific needs of each resident to include which residents were a priority, there was no action plan as to how these recommendations were to be implemented, or who held responsibility for the oversight of their implementation. Since April 2022, there have been issues in this centre with regards to meeting the changing needs of residents. In the intervening 19 months, the provider had failed to make a decision in regards to care, as the assessment of needs process has been protracted, complicated and ultimately not fit

for purpose.

Since the last inspection, the provider had implemented two additional oversight groups to respond to the changing needs of residents. Although this was a positive oversight measure, referrals to these groups required better clarity to ensure that any deficits in care were promptly responded to. One group who reviewed complex cases had a referral process which outlined that residents would be put forward for review for an unmet need/risk and that referrals should be made via the provider's risk management framework. A resident had been referred by this centre and they were reviewed in regards to falls; however, there was no risk assessment in regards to, or prompting their referral. In addition, this resident had two near falls misses in the week prior to the inspection but this information had not been subject to further review by the complex case forum.

A second group was also formed called the "Residential Review Group" and the senior manager stated that one of the aims of this group was to provide a review process for residents whose needs were changing but did not require referral to the above complex care forum. However, the terms of reference for this group did not include any criteria for referral and the senior manager indicated that referral to both the complex case forum and residential review group was at the discretion of local management. Inspectors found that without a suitable referral process for both groups, there was a risk that residents would not be referred promptly in response to actual risks or changes in their needs.

Judgment: Not compliant

Quality and safety

Since the last inspection, the provider had put better systems in place to oversee and manage restrictive practices in this centre. Although there was also improvements observed in relation to risk and medication management, these areas of service still required further review by the provider in order to bring them into compliance with the regulations. Furthermore, improvements were still required to residents' assessment of need, and in also ensuring that where low impact incidents occurred in this centre, that may warrant a re-assessment of residents' assessed needs.

The provider of this centre has struggled with the assessment of needs process over several inspections of this centre. The difficulties with regards to these assessments impacted on the provider's ability to provide a service which proactively looked at residents' future care needs, and to also be responsive when these assessed needs changed unexpectedly. However, this inspection again highlighted, that the provider's actions in the assessment of resident's needs was disjointed and lead to

delays in meeting resident's individual and collective needs.

Previous inspection findings identified that improvements were required to the identification, notification, oversight and management of some restrictive practices, which the provider had since rectified. With regards to medication management, the provider had also rectified some of the areas that were highlighted for improvement upon the last inspection; however, there was still improvement to aspects of the prescribing of as-required medicines. Furthermore, this inspection also identified that better arrangements were required for staff, to guide them on the withholding of medicines, particularly in response to recent changes to a resident's health status.

In relation to risk management, better arrangements had been put in place since the last inspection, to improve this aspect of service. The provider had sustained improvements particularly made to mitigate against falls risks, which had made this aspect of care safer for residents. However, further consideration was needed, to ensure prompt re-assessment of these risks risk assessments, when near miss falls incidents had occurred. Furthermore, similar review was still required to the centre's risk register, to ensure it fully supported the provider and person in charge in their on-going response, monitoring and oversight of specific risks relating to this centre.

Although it was clear to inspectors that the provider had implemented some change that had brought about positive outcomes to some aspects of this service, some of these areas still required further review in order to bring them back into full compliance with the regulations.

Regulation 26: Risk management procedures

The compliance plan response to the last inspection , along with the representation to the notice of proposal to cancel the registration of this centre, submitted by the provider to the Chief Inspector, outlined a number of actions they intended to take, in order to improve risk management systems. For the most part, these actions were implemented; however, there was still on-going improvements required to aspects of residents' re-assessment when incidents occurred, and also to ensuring that the risk register, which monitored specific organisational risks, adequately supported the provider in their on-going oversight and monitoring of identified risks.

In recent months, all staff had received training in risk management, and the trending of incidents by the person in charge was on-going. A review of incident reports were reviewed by the inspector, which were well-known to staff and management to have occurred, and for the most part were of low impact to the residents affected. At the time of this inspection, these incidents had not warranted any escalation for senior management to address. The trending of incidents was routinely occurring and overseen by the person in charge; however, there was evidence whereby, this trending process didn't always result in the identification of where a re-assessment of residents' risk assessments was required. This was observed in relation to near miss falls incidents which had recently happened for one particular resident, which had not resulted in any injury to them, but had still

occurred. Although since the last inspection, there was a better response and measures put in place by the provider in relation to mitigating against the risk of falls for this resident, recent reported incidents had not resulted in a re-assessment of this resident's falls risk assessment. This was brought to the attention of the person in charge, who was making arrangements to complete this re-assessment by the close of the inspection.

In conjunction with the actions set out by the provider, there was evidence available to inspectors that the risk register for this centre was subject to on-going review, and formed part of regular discussions between members of local management. However, upon review of some of the risk assessments within this register, further review of these was required to ensure they better informed on the specific risk management activities that the provider was undertaking, in response to identified risks. For example, the risk assessments governing falls management and safe medication practices, didn't clearly set out the specific control measures that the provider had put in place, and was overseeing, in response to these risks. Additionally, where some risks were assessed as as medium risks, there was poor recording observed in relation to the additional controls that the provider was putting in place in response to, and to mitigate against, the likelihood of these risks from increasing.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

In accordance with the provider's compliance plan and representation received, there was evidence available to demonstrate that residents' medication prescription records had been reviewed since the last inspection. Furthermore, the provider had also addressed areas of concern raised on the previous inspection, with regards to the administration of as-required medicines. However, issues raised on the previous inspection in relation to ensuring residents' prescription records clearly outlined the indications for use for as-required medicines, had not been fully addressed. Furthermore, some other areas of improvement was also found on this inspection, with regards to the practices around the withholding of regular medicines.

Following recent changes to a resident's health status, this had resulted in times where their bowel habits changed. This resident was prescribed two regular laxative medicines, and staff had recently withheld one of these medicines, in response to changing bowel habits. The person in charge was aware of this, and at the time of inspection, had requested the resident's prescribing practitioner to review. However, there was no documented protocol in place, to guide staff on which medicine they were to withhold, or whether they were to withhold both medicines, pending particular changes to this resident's bowel habits. Furthermore, the provider's own policy on medication management advised that staff were to seek medical advice each time they withheld a medicine. In this case, this had not been done, nor had any additional guidance been given to staff, in this instance, on the threshold of

withholds that needed to occur, before a medication review was required for this particular resident.

The last inspection of this centre identified gaps in the prescribing of as-required medicines, to ensure prescribing documents clearly guided staff on the indications for use. Although the administration of as-required medicines in this centre was rare, this had still not been rectified by the provider.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The assessment of residents' needs is a fundamental function of the provider in the provision of services for residents with disabilities. These assessments guide the delivery of care and set out the resources which are required to ensure that residents are safe and enjoy a good quality of life. Assessments which are subject to continuous review ensure that designated centres can adapt as residents' needs change.

The assessment of needs process in this centre was not robust which lead to protracted delays in the allocation of additional resources for this centre. Multiple assessments were required by the provider for them to form the opinion that the elderly residents' needs in this centre had increased due to their age. After 19 months of assessment, there was improvements in regards to the allocation of multidisciplinary supports; however, there had been no traction in the delivery of nursing supports or associated care planning processes.

As earlier mentioned, following two recent near miss falls incidents, this had not prompted a re-assessment of a resident's falls risk assessment. Although it was clear that the falls management plan for this resident was subject to very regular review, it also had not been reviewed since these two incidents were reported.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The last inspection of this centre identified issues, whereby, the provider had not reviewed some practices, in line with it's own restrictive practice policy, and thus, had not been notified as part of the centre's quarterly notifications submitted to the Chief Inspector. A number of actions were identified by the provider within their compliance plan response and representation as to how they planned to address this, and this was found to have been satisfactorily implemented.

Since the last inspection, in response to identified risk, a safety alarm was being

used to make a resident's environment safer when mobilising. This was reviewed and assessed by the provider's restrictive practice committee and its appropriate use was maintained under regular review. Furthermore, prior to this inspection, the provider had satisfactorily submitted quarterly returns to the Chief Inspector, clearly outlining all restrictive practices that were in operation in this centre.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for St Dominic's Services OSV-0001507

Inspection ID: MON-0042455

Date of inspection: 07/02/2024

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Rota for the Centre has been reviewed to ensure that all staff on duty are entered with full names and titles and that there is adequate staff on duty with appropriate skill mix to support the Residents in the Centre. This was reviewed and amended on 8th February 2024. There is also a visual schedule of staff on duty on display in the house, so that residents are clear on who is working and when. There is ongoing recruitment efforts to ensure all vacancies within the Centre are filled with full time staff members. Recruitment for a Community Care Coordinator / Clinical Nurse Manager 1 (CMN1) is also in process and it is envisaged that this job will be posted by 19th March 2024. The successful candidate will complete assessments, provide care planning, provide interventions, and evaluate the impact of care for individuals within the Centre and support the team to effectively respond to Residents changing needs. The social care model will continue to be the primary model of care within the Centre with direction from the CNM1 in relation to changing needs of the older population.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

Communication between senior management and the Centre has been reflected on and it has been agreed that communication will improve and that the Person in Charge and the staff within the Centre will have input going forward in relation to the Centre and will have input in relation to all agreed actions. The Person in Charge will have more input into senior management meetings, as the Director of Operations will attend the Centre on a quarterly basis to complete an audit with the Person in Charge and the Area Services Manager in relation to the Centre to ensure best practice with effective communication going forward.

In addition, a member of Senior Management Team will attend staff meetings in the Designated Centres on a bi annual basis.

Additionally, the Area Services Manager completes at a minimum monthly Service reviews within the Designated Centre where Resident update, risk management, incidents, rota form a standard agenda.

Additionally Area Services meetings occur every 4 to 6 weeks in a different designated centre each time between the Person in Charge/Team Leaders to ensure shared learning and enhance communication.

Staff meetings also take place on a monthly basis to ensure all staff have adequate information from a Senior management perspective.

Recruitment for a Community Care Coordinator / Clinical Nurse Manager 1 (CMN1) is also in process and it is envisaged that this job will be posted by 19th March 2024. The successful candidate will complete assessments, provide care planning, provide interventions, and evaluate the impact of care for individuals within the Centre and support the team to effectively respond to Residents changing needs. The social care model will continue to be the primary model of care within the Centre with direction from the CNM1 in relation to changing needs of the older population.

The Person in Charge completes a comprehensive assessment in the form of the "All About Me Assessment". This is an existing recognised assessment tool, which has always been completed on an annual basis or updated to reflect changing Residents health, personal and social care needs. It can be located in the personal plans for the purpose of review. This assessment is completed in conjunction with the resident and reflects their wishes. The "Support needs assessment" completed in May 2023 was a one off review that provided a profile of the Residents, the intention was not to use it in clinical care, rather to use it in the development of the Centre.

Ability Wests complex case forum protocol and referral procedure guides the referral process to ensure an efficient and coordinated approach to the management of complex cases within the organisation.
Complex cases are eligible for referral to the Ability West complex case forum include, but are not limited to:
• Individuals with complex multiple needs and comorbidities requiring multidisciplinary care.

• Individuals whose behaviour of concern that pose challenges to self or others, which requires additional support outside the skill set of current service provision.
• Individuals with complex medical or psychological conditions requiring additional care management outside the skill set of Ability West.
• Individuals with complex support needs requiring the involvement of external specialist services beyond the skill set of Ability West.
• Any case where progress is not being made despite interventions.
• Any individuals facing significant social issues that may have a negative impact that cannot be supported with Ability West supports.
On receipt of a referral, the complex case forum coordinator will:
• Acknowledge receipt of the referral and put the case on the agenda for the next available meeting.
• Assign the case to a sub group or multi-disciplinary team, based on the specific needs of the individual. This may include, Physiotherapists, Speech amd Language Therapists, occupational therapists, psychologists, Social Workers or any other specialist appropriate for the case.
• Communicate the allocation of the case to the relevant staff member and request that they attend the forum meeting to present the case.
A monthly disciplinary team meeting is held to review all complex referrals and to ensure effective oversight of this system.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The risk register and risk assessments within the Centre have been reviewed to ensure they accurately reflect the specific risks for this Centre in line with individual Residents risk assessments, for example, falls, behaviours that challenge. The risk register is reviewed monthly by Person in Charge as per their monthly audit schedule, to clearly reflect current risks within the Centre in line with incidents reported via the QMIS system. This is also an agenda item at monthly staff meetings and the meetings are all recorded and actioned as required and then progress reviewed at the next meeting.

The Person in Charge and the Area Services Manager also review QMIS records and the risk register at monthly service review meetings to ensure all risks are recorded appropriately with identified actions as required at scheduled monthly service review meetings.

All incidents reported via the QMIS system to the Person in Charge are responded to in a timely manner. A referral to the Multi-Disciplinary Team is submitted and responded to. The Physiotherapist visited the Centre on 28th February 2024 to support the Person in Charge with all falls reassessments as required.

The staff team were updated at the subsequent staff meeting on 12th March 2024. This will remain an agenda item monthly.

Additional control measures are added to each risk when required, for example, a recent falls risk has been updated to include a review of footwear with APOS, medication reviews, referral to eye clinic following an unsuccessful eye examine locally have been implemented to reduce the risk.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The indications for the use of as required medications is under discussion with local GPs and they are in the process of completing it. This was completed by 7th March 2024.
In relation to the withholding of medications, the Person in Charge has consulted with the GP, and a protocol has been devised for each Resident within the Centre that has PRN medication prescribed, Completed on 12th February 2024.
The policy and procedure in relation to Medication management is also an agenda item at each Monthly staff meeting.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Recruitment for a Community Care Coordinator / Clinical Nurse Manager 1 (CMN1) is also in process and it is envisaged that this job will be posted by 19th March 2024. The successful candidate will complete assessments, provide care planning, provide interventions, and evaluate the impact of care for individuals within the Centre and support the team to effectively respond to Residents changing needs. The social care model will continue to be the primary model of care within the Centre with direction from the CNM1 in relation to changing needs of the older population.

The Person in Charge completes a comprehensive assessment in the form of the "All About Me Assessment". This is an existing recognised assessment tool, which has always been completed on an annual basis or updated to reflect changing Residents health, personal and social care needs. It can be located in the personal plans for the purpose of review. This assessment is completed in conjunction with the resident and reflects their

wishes. The "Support needs assessment" completed in May 2023 was a one off review that provided a profile of the Residents, the intention was not to use it in clinical care, rather to use it in the development of the Centre.

A falls risk assessment for one Resident has been reviewed in conjunction with the Physiotherapist and will be discussed with the staff team at the next staff meeting on 12th March 2024. A falls risk assessment for all Residents will be complete by 11th March 2024.

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	01/06/2024
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Orange	01/06/2024
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the	Not Compliant	Orange	08/02/2024

	day and night and that it is properly maintained.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	01/06/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	01/06/2024
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	11/03/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable	Substantially Compliant	Yellow	07/03/2024

	practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	01/06/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	01/06/2024