



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

Issued by the Chief Inspector

Name of designated centre:	Avalon Respite Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	12 August 2021
Centre ID:	OSV-0004070
Fieldwork ID:	MON-0033958

About the designated centre

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

Avalon services can provide a six day a week respite service to eight residents with an intellectual disability and additional needs such as behavioural, medical and mobility support and can provide isolation facilities to an additional three residents. 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. There are an additional three places available in a separate building for infection control isolation as required.

The centre is located in a residential area in seaside resort close to a busy city. Public transport facilities such as buses, taxis and trains are available, and the centre is also within walking distance of a range of amenities. The centre is a large two-storey, purpose built house, with suitable bedrooms, communal areas and kitchens. Two 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:	4
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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
Thursday 12 August 2021	12:05hrs to 19:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

From conversations with staff and with a resident, observation in the centre, and information viewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community during their respite breaks.

The provider had considerably reduced respite numbers as a means of increasing infection control safety and accommodating social distancing. At the time of inspection there were four residents availing of the service, two of whom were present during part of the inspection.

The inspector met with one resident, who talked a little about respite in the centre. The resident said that they liked coming to the centre for respite breaks and enjoyed the time spent there. The resident also talked about getting on well with staff and other residents, and about enjoying the food in the centre. The resident was smiling, singing, and was clearly relaxed and happy in the centre. Although the time the inspector spent with the resident was limited in line with COVID-19 safety protocols, staff were observed spending time and interacting warmly with the resident, and were very supportive of the resident's wishes and preferred activities. The other resident was spending time alone in the sensory room which was the resident's preferred routine on arrival at the centre. This resident clearly declined to meet the inspector and staff supported this choice.

Staff were very focused on ensuring that respite breaks were enjoyable and fun for residents and they were mainly planned around social and leisure activities that residents enjoyed. These included cinema, bowling, bingo, outings, going out for meals and coffee, and having take-away and movie nights in the centre. Respite breaks were also planned around compatibility of residents and people with similar interests were scheduled to take breaks together.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents chose how they lived their lives during their respite breaks. Residents likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning during each break.

Residents had the option of attending house meetings which were chaired by a resident each week. These meetings included planning of social events, meals, places that residents wanted to visit, and things that residents wanted to do in the centre during their breaks, such as baking, going out for lunch and having take-away meals. Staff also used these meetings to share important information with residents. Each week staff included a topic of interest, including fire safety, complaints, protection and human rights. Resident's views on the centre and their

lives were also gathered through ongoing daily discussions and judgements on choice and preferences. Residents had the right to have visitors in the centre during their stays and there was plenty of space for residents to meet visitors in private. However, due to the short nature of the breaks this was not a frequent occurrence.

The centre was a large, comfortable house in a seaside resort. The house were centrally located and close to amenities such as the seafront and beaches, public transport, shops, restaurants and churches. Transport was available so that residents could go out for drives, shopping and to access the local amenities. The centre was clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was Internet access, television, games, and music choices available for residents, and there was adequate communal and private space for residents, kitchens on each floor and sufficient bathrooms. All residents had their own bedrooms during respite breaks and those that the inspector saw were comfortably decorated, suitably furnished and well equipped.

The next two sections of the report state the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

There was a good level of compliance with regulations relating to the governance of the centre. The management arrangements ensured that a good quality service was provided to residents who received respite care in the centre. However, out-of-hours cover arrangements required review to establish if they were effective to support staff at night time.

There was a clear organisational structure to manage the centre. The current person in charge was not based in the centre, but called frequently to meet with residents and staff. It was clear that residents knew, and got on well with, the person in charge. A new team leader had recently been appointed. The team leader worked in the centre on weekdays to support both the person in charge and the wider staff team. The person in charge also worked closely with the wider management team and attended monthly meetings with other persons in charge and the senior management team.

The arrangements to support staff during the absence of the person in charge required review to establish if they are effective. There were clear arrangements in place to support staff at weekends when a senior manager was on call. However, there was no formal support system in place at night time on weekdays in the event that staff needed advice or support. At present staff had an informal arrangement of contacting other off-duty managers or staff if support was required.

The provider had ensured that staff were suitably trained for their roles. Staff who worked in the centre had received mandatory training in fire safety, behaviour

support and safeguarding, in addition to other relevant training such as relevant training such as training in manual handling, medication management and first aid. Staff had also received training specific to COVID-19 such as hand hygiene, breaking the chain of infection and use of personal protective equipment (PPE). There was a training schedule to ensure that training was delivered as required.

The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur. The inspector viewed this plan and it was comprehensive and relevant. The contingency plan included training and provision of a range of up-to-date information and guidance regarding COVID-19. The plan also included a range of safety measures which were being implemented, such as temperature monitoring, updated risk assessments, cleaning schedule and revised protocols for visiting.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to support the assessed needs of residents at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, out-of-hours cover arrangements required review to establish if they were effective to support staff at night time.

Judgment: Substantially compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service, although improvement to premises and to an aspect of fire safety was required.

The provider had measures in place to ensure that the well-being of residents who availed respite service in the centre was promoted and that these residents were kept safe.

There were strong systems in place to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including strong measures for the management of COVID-19. These included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures. A cleaning plan was being implemented in the centre. A clear and comprehensive contingency plan for the management of COVID-19 had been developed. This plan included arrangements for isolation of residents should this be required. A bedroom with an en-suite bathroom was being retained in the centre solely as an isolation room should this be required. The provider had recently extended the designated centre to include three additional bedrooms and associated living accommodation which were sited in a separate area. These rooms were vacant but were available for isolation if this became necessary. The provider had also considerably reduced the numbers attending respite at any given time to enhance social distancing arrangements.

The centre was clean, comfortable, spacious and suitably furnished. Suitable facilities, furniture and equipment were provided to meet the needs of residents. Some features of the building enhanced the levels of safety and comfort for residents. For example, there were several fully-accessible bathrooms available to residents, overhead hoists were fitted in some rooms, and contrast colour strips were provided on stairs to increase safety and independence for the visually impaired. Overall, rooms were bright, and well-ventilated. However, the ventilation systems in some internal bathrooms did not appear to be functioning and this could not be verified at the time of inspection. In addition, the storage practices in the centre required improvement as some miscellaneous items were stored in communal walkways which presented a risk that they may cause an obstruction to residents.

The provider, person in charge and staff had strong practices in place to ensure the quality and safety of the service. Residents received person centred care that supported them to be involved in activities that they enjoyed while availing of respite breaks. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents.

Review meetings took place annually, at which residents' support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put

in place to ensure that these were met during respite breaks. As residents' stays in this centre were for short breaks, their goals and plans were primarily supported by families and day service staff, although designated centre staff also supported these assessed needs and plans during respite stays.

There were arrangements to ensure that residents' healthcare was being delivered appropriately. Due to the short and intermittent nature of residents' respite breaks in the centre, their healthcare arrangements were mainly supported by their families. However, residents' healthcare needs had been assessed and plans of care had been developed to guide the management of any assessed care needs.

Measures were in place to ensure that residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives while taking respite breaks. Staff had established residents' preferences and these were being supported. Residents' capacity to manage their own medication had been assessed, but due to COVID-19, there were no residents currently attending this respite service who managed their own medication without staff support. Since the last inspection, viewing devices in bedroom doors had been blocked to ensure residents' privacy.

There were measures in place to supply information to residents in a suitable format that they could understand. For example, easy-to-read versions of important issues such as the complaints process, their rights, and COVID-19 information had been developed for residents. Advocacy services were also available to support residents and their families.

Arrangements were in place to safeguard residents from any form of harm. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer.

Overall, the provider had ensured that strong measures were in place to protect residents and staff from the risk of fire. These included up-to-date fire training for staff, fire doors in all bedrooms, and a range of fire safety checks were being carried out by staff in addition to servicing by external specialists. However, there was no evidence to demonstrate that emergency evacuations, such as fire safety evacuations, could be carried out effectively at night time. Although, detailed and informative personal emergency evacuation plans had been developed for each person, the guidance in some plans did not provide for the timely management of emergency medication in the event of an evacuation. This presented a risk that some residents might not have access to their essential emergency medications if they had to evacuate the building due to a major emergency .

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims of the service, and the needs of residents. Overall, the centre was well maintained, clean, comfortable and suitably decorated. However the following areas required improvement:

- ventilation systems in internal bathrooms did not appear to be in working order and required review to establish its effectiveness
- some paintwork in the proposed isolation area was in poor condition and some rooms required repainting prior to being occupied
- storage arrangements required review as some miscellaneous items were being stored in close to the stairway which presented a risk that emergency evacuation could be delayed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents had choices at mealtimes and suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints and COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, including suitable practices in relation to COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the provider had ensured that strong measures were in place to protect residents and staff from the risk of fire. However, there was no evidence to demonstrate that emergency evacuations, such as fire safety evacuations, could be carried out effectively at night time. Arrangements to ensure that evacuated residents would have access to their required emergency medication required to review to establish if the arrangements in place were effective and safe.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out in conjunction with residents' day care services. Individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to medical and other healthcare services as required. Comprehensive assessments of residents' healthcare needs had been carried out, and plans were in place to ensure that the required healthcare was being delivered while residents were availing of respite services.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were supported and that they had freedom to exercise choice and control in their daily life.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Avalon Respite Services OSV-0004070

Inspection ID: MON-0033958

Date of inspection: 12/08/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Following review by Person in Charge and Team Leader on week 16 August, the local out of hours on call arrangements within the designated centre are currently effective to support staff at night time. On an organisational basis , a review of out of hours on call arrangements is being undertaken by the Director of Client Services, to be completed by 30 November. There is an official on call arrangement in place at weekends, and all staff can contact members of Senior Management Team at any stage on matters related to Covid 19.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Ventilation systems in internal bathrooms were reviewed by plumbing and electrical contractors on week of 16th August and found to be in working order.• Paintwork and additional works in the proposed isolation area have been scheduled by facilities manager to be completed in Q4 2021.• Miscellaneous items which were being stored close to the stairway which presented a risk that emergency evacuation could be delayed have been removed , and Person in Charge will ensure regular checks take place in order that emergency evacuations can take place in a timely manner.	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Night time fire drill has been carried out successfully on 23 August. Fire Drills continue to take place regularly within the designated centre.</p> <p>With regards to arrangements to ensure that evacuated residents would have access to their required emergency medication, Following review by Person in Charge and Team Leader all individuals who require use of emergency medication will have locked medication press outside their bedroom to contain same. Staff will have keys to unlock same and retrieve medications as required.</p> <p>CEEP and relevant PEEPS will be updated to reflect this change in practice.</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 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2021
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.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Substantially Compliant	Yellow	31/10/2021

	case of fire.			
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