



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

## Issued by the Chief Inspector

Name of designated centre:	Tí Geal Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	13 January 2025
Centre ID:	OSV-0004074
Fieldwork ID:	MON-0045509

## About the designated centre

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

This designated centre provides a residential and respite service for up to six adults who have an intellectual disability. The centre is located near an urban area in Co. Galway, and comprises of one large two-storey building. Residents have their own bedroom, shared bathrooms, a sitting room, relaxation areas, kitchen, dining area, and also have access to outdoor facilities. The centre is centrally located, close to a range of amenities, shops and transport. Staff are on duty both day and night to support the residents who live here.

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

Number of residents on the date of inspection:	6
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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 (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
Monday 13 January 2025	12:15hrs to 16:00hrs	Anne Marie Byrne	Lead
Monday 13 January 2025	12:15hrs to 16:00hrs	Ivan Cormican	Support

## What residents told us and what inspectors observed

This was an unannounced inspection to follow-up on the areas of non-compliance's that were found on this centre's previous inspection on 1st October 2024, so as to inform a registration renewal decision. The day was facilitated by the person participating in management, and inspectors also had the opportunity to briefly meet with two members of staff, and with two residents.

Since the last inspection of this centre, the provider had taken some action to address the previously identified areas of non-compliance's. This was found to have a positive impact on night-time staffing levels, to aspects of the premises, and safeguarding and behavioural support arrangements. All of which had resulted in a considerable reduction in the number of incidents that were previously occurring in this centre. However, there was improvement still required to the overall management and oversight arrangements for this centre, as at the time of this inspection, the centre was without a person in charge. These particular findings will be discussed in more detail later on in this report.

Six residents resided in this centre, with some having complex behavioural support needs, while others had more mild to moderate assessed needs relating to their social care. Since the last inspection, inspectors were informed that all six residents were well, and that none had since experienced any changes to their assessed needs. Prior to the inspection in October 2024, the provider had identified compatibility issues in this centre, and at the time of that inspection, they were in the very early stages of a transition process for one particular resident. However, the last inspection of this centre found that while this transition process was in these early stages, a number of incidents continued to occur in this service, which were having a negative impact on residents and staff, with some of these incidents having been poorly responded to by the provider. Subsequent to that inspection, the provider increased night-time staffing levels, and reviewed their risk and oversight arrangements. This inspection identified had these new measures had a profound positive impact on the safety of care being provided, as well as, overall reducing the number of peer to peer negative interactions that were previously occurring. At the time of this inspection, this particular resident continued to reside in this centre, with a planned transition date for late February 2025. Due to the better arrangements that the provider had put in place since October 2024, this resident and their peers were able to safely live together until the transition plan was fully implemented.

Upon the inspectors' arrival to the centre, all residents were out and about for the day, with two returning home before close of the inspection. One of these residents was unable to communicate directly with the inspectors, but sat at a kitchen table for a while to rest after their day. Another resident greeted the person participating in management and the inspectors, and spoke of how they had enjoyed their time over Christmas. They told of how they had gone out for a few drinks, and had attended a Christmas party, and informed that their family were all well after the

holidays. One inspector also spoke briefly with one staff member who was on duty. They informed that they were agency staff, and had worked in the centre a number of times, and were very familiar with the care needs of the residents. The said that since the last inspection, they were very happy with the improvements that came about to safeguarding arrangements, stated that the increased staffing levels at night had made a good impact to care and supervision arrangements, and said that in general, all residents were happy and doing well. The centre itself was clean and comfortably furnished, and had multiple areas for residents to relax in. It was located near a variety of shops and amenities, and residents had access to transport in the evenings and at weekends. The central location of the centre meant that residents could also access public transport such as trains, buses and taxis, and there was clear evidence throughout this inspection that these residents were supported to regularly get out and about. The last inspection of this centre did identify that one resident's social care had been negatively impacted, due to on-going delays in getting a multi-disciplinary assessment completed, to identify any safety features needed to support them while on transport. This assessment was since completed, with reports that this resident now regularly enjoys going out and about with staff using the centre's transport bus. Furthermore, since the last inspection, the provider also made improvements to the bedroom of a resident with complex behavioural support needs, and this was reported to have been welcomed by the resident, who was happy with the improvements made.

Although there were a number of improvements found upon this follow-up inspection, there were still improvements required to the governance and management arrangements for this centre, particularly with regards to the role of person in charge. The particular findings from this inspection will now be discussed in the next two sections of this report.

## Capacity and capability

Following on from the last inspection in October 2024, the provider submitted a compliance plan response to the Chief Inspector of Social Services, outlining the actions they planned to take to come back into compliance with the regulations. The inspectors found that these actions had addressed many of the issues that were previously found in this centre, which had a positive impact on improving the quality and safety of care in this centre. Inspectors found there were better arrangements in place for safeguarding of residents, night-time staffing levels, aspects of the premises had greatly improved, and there was also better oversight of incident management. However, the governance and management arrangements was being impacted by the absence of a person in charge for this centre.

A person in charge had been recruited for this service, however; they had not commenced their role at the time of this inspection. This position was vacant for a number of weeks prior to this inspection, meaning for the duration of that time, there was no person in charge appointed to this particular centre. In the weeks prior

to this inspection, the provider gave written assurances to the Chief Inspector of how they planned to govern and oversee this service until this position was in filled. This included support and oversight from the centre's team leader and other members of senior management. Inspectors were informed that the person recruited for the position, had begun induction with the provider, and was due to commence their induction as person in charge for this centre the week following this inspection.

Better arrangements had also been put in place for the oversight of incidents that were occurring. Since the last inspection, there was a considerable decline in the number of peer to peer, safeguarding and behavioural related incidents happening in this centre. Of the incidents that were reported, these were promptly reviewed by the provider and responded to accordingly.

Increased night-time staffing levels had a positive impact to this service since implemented in October 2024. This additional staffing resource meant that there was more staff support available to residents with assessed behavioural support needs, while also ensuring an additional staff member was available to implement safeguarding arrangements. There were regular agency staff required to support this centre's staffing levels, with one staff vacancy being recruited for at the time of this inspection. However, upon review of the staffing roster, improvement was required to ensure that this was better maintained, so as to clearly identify the exact start and finish times worked by staff.

Overall, there was much improvement found in relation to the quality and safety of care in this centre. However, there was a requirement of the provider to ensure that the role of person in charge was appropriately appointed, so as to ensure this centre was adequately governed and overseen.

#### Regulation 14: Persons in charge

At the time of this inspection, the provider had recruited for the role of person in charge. This person had begun their induction with the organisation but hadn't taken up the position of person in charge in this centre. At the time of this inspection, Chief Inspector of Social Services was awaiting notification of this incoming person in charge, to assure that they met the criteria as set out in the regulations.

Judgment: Not compliant

#### Regulation 15: Staffing

Since the last inspection, night time staffing levels had increased to ensure sufficient staff were on duty to meet the assessed needs of all residents. Along with relief

staff, regular agency staff were also utilised to support the rostering of this service. An inspector reviewed the roster for this centre and due to multiple changes made to the original roster which the roster had not been updated with, both the inspector and person participating in management were unable to determine the number of staff on duty both day and night. Subsequent to the inspection, the provider was asked to review these rosters and provide written assurances to the Chief Inspector that the required number of staff had been rostered for duty both day and night. These assurances were since received.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Better arrangements had been put in place to ensure this centre was adequately resourced. The provider had ensured residents received reviews from multi-disciplinary professionals that they were assessed as requiring, and increased staffing arrangements had been put in place, in accordance with residents' assessed needs. There were also better arrangements for overseeing incidents that had occurred and ensuring that these were appropriately responded to by the provider.

However, in the absence of an appointed person in charge for this centre, this had an impact on the provider's regulatory obligations, as well as, the overall oversight and management arrangements for this centre.

Judgment: Substantially compliant

### Quality and safety

Inspectors found the residents were supported to enjoy a good quality of life. The actions which were taken since the last inspection of this centre had significantly improved safeguarding arrangements, making this service safer for residents to live together in. Although the provision of care had improved, some further improvements were required with regards to risk management, personal and behavioural support planning.

As mentioned above, there had been a positive change in relation to safeguarding following the last inspection of this centre. The provider had increased the allocation of staff during both day and night-time hours, which assisted in reducing behavioural related incidents, which had previously had lead to safeguarding concerns. A staff member and a senior manager both reported that negative peer-to-peer resident interactions had significantly decreased and that all residents were much happier.



The last inspection of this centre identified that a resident had been waiting a considerable number of months for an assessment to be completed, to determine any safety features they may need when on transport. This had resulted in this resident not being able to get out and about similar to their peers for an extended period of time, and there had been a lack of urgency found on the part of the provider to have this assessment completed. Since then, this assessment was completed and this resident now enjoyed going out regularly with their support staff using the centre's transport bus. At the time of this inspection, there was no other resident awaiting on an assessment by a multi-disciplinary professional to be completed, but any future requirement for this, was being maintained under regular review by staff, through their on-going re-assessment of residents' needs.

Residents attended day services from Monday to Friday, and they generally returned to their home in the late afternoon. On the day of inspection one resident who met with inspectors stated that they had a nice Christmas and that they had gone home for the holidays. They smiled warmly as they chatted with the senior manager and said that they had a good time at the Christmas party, where they enjoyed having a few drinks. Residents who used this service had a good social life and they were out and about in their local area, and nearby Galway city on a daily basis. Some residents met up with their families at the weekend for lunch, others liked to do a bit of personal shopping, and some also assisted with the grocery shop for the centre. Residents enjoyed the cinema and also walks in the local parks. Although community inclusion was well promoted, this inspection highlighted that some adjustments were required in relation to supporting some residents with their personal goals.

Overall, inspectors found that this centre was a pleasant place in which to live, and residents whom the inspectors met with were happy and supported to enjoy a good quality of life. Safeguarding plans which were in place were effectively implemented and there had been a significant decrease in safeguarding incidents in recent months.

## Regulation 17: Premises

There had been a marked improvement in the maintenance and suitability of the premises for one resident since the previous inspection of this centre. Their bedroom had been renovated to meet their individual and personal care needs which had a positive impact on the provision of their care. The renovations also assisted with cleaning and disinfection arrangements, and ensured that the infection prevention and control was promoted in this area of the centre.

The remainder of the centre was generally well maintained and a senior manager indicated that additional work and upgrades of some bathrooms were due to occur in the months after this inspection.

Judgment: Compliant

### Regulation 26: Risk management procedures

Following on from the last inspection, the provider reviewed incidents which had occurred, and put in better and safer measures, to reduce the likelihood of re-occurrence. Furthermore, there was also an increased emphasis placed on reviewing any further incidents, to ensure more timely response and management of these. Since the last inspection, the centre had experienced a significant decrease in the number of incidents that were happening, particularly in relation to safeguarding and resident and staff safety.

The risk register had also been maintained under regular review to reflect these changes in the level of risk in this centre. However, the risk posed to the governance and management of this centre, in the absence of a person in charge, had not been formally risk assessed by the provider and included in this register, so as to support the on-going review of this particular risk to this service.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident had their own personal plan which clearly outlined their personal needs, interests and care support requirements. An inspector reviewed five support plans which highlighted areas of care such as safeguarding, behavioural support, health, social and personal care needs. Underpinning each personal plan was a comprehensive assessment of need which was reviewed on an annual basis and assisted in identifying needs which may have gradually changed over the previous year.

Although planning in relation to determining and responding to residents' individual needs was held to a good standard, improvements were required to supporting two residents with their personal goals. Residents attended their own circle of support meetings whereby they invited their family, key workers and relevant staff to support them. One resident had identified a range of goals such as attending reflexology, having lunch dates and also going to the cinema - all of which had been achieved. However, the provider failed to demonstrate that other the resident had chosen such as developing their writing skills, planting seeds and social media evenings had been achieved.

The second resident had also chosen a number of personal goals and they were well supported to achieve goals such as day trips, drumming lessons, learning to use their bank card and also improving the decor of their bedroom. However, the resident had also shown an interest in going on a hotel break and there was no

evidence available to demonstrate how they were supported with this request.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Some residents who used this service required support with their behaviours and an inspector reviewed two behavioural support plans on the day of inspection. Both plans were found to be comprehensive in nature and gave both a clear and concise account of the residents needs in this area of care.

Both plans explained the behaviours of concern which may occur and highlighted what prompted these behaviours and also how they could be prevented. In addition, there was very clear guidance and the recommended response from staff which included a step by step process with the aim of deescalating and resolving any behaviours which may impact on the resident or others.

Although, behavioural support was generally held to a good standard, improvements were required to one of the support plans which were reviewed. A staff member explained to an inspector that the implementation of a one-to-one staffing for a resident had a positive impact on the provision of care, with a marked decrease in the reported incidents of challenging behaviour. However, the associated support plan had not been updated to reflect their staffing requirement and the staff sign off sheet which indicated that staff had read and understood the plan had only been signed by one staff member.

Judgment: Substantially compliant

### Regulation 8: Protection

Inspectors found that there had been significant improvements in the safeguarding and protection of residents since the last inspection of this centre.

Information in relation to safeguarding was prominently displayed and included the pathway which implemented following the receipt of an allegation or safeguarding concern. It was clear to inspectors that safeguarding was promoted and there had been a significant reduction in potential safeguarding incidents in recent months.

Five safeguarding plans were in place on the day of inspection with four of these relating to negative interactions which had been previously occurred. These plans had been recently reviewed and determined that the actions taken by the provider had been effective in preventing any further safeguarding concerns relating to negative interactions.

There had been no further reported related incidents of concern and a staff member with met with an inspector stated that the allocation of additional staffing had a positive effective on residents' lived experience.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Tí Geal Services OSV-0004074

Inspection ID: MON-0045509

Date of inspection: 13/01/2025

## 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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Person in Charge commenced appointment in Ti Geal Services on 20/01/2025 following Service induction which commenced on the 13/01/2025.</p> <p>The Person in Charge is supported by the Team lead of Ti Geal services and the Person Participating in Management.</p> <p>Weekly support meetings are scheduled with the Person in Charge, Team Lead and Person Participating in Management up to 30/06/2025.</p> <p>To Be Completed; 30/06/2025</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>A review of the staff roster has been undertaken to clearly identify the staff on duty at all times. A staff meeting was held on the 27/01/2025, the staff team were advised of the legalities of completion of the staff roster correctly in line with Regulation 15</p> <p>It was reiterated to staff that all amendments to the staff roster may only be undertaken following consultation and agreement with the Person in Charge, Team Lead and Person Participating in Management.</p> <p>The Provider re-introduced the Person in Charge / Team Leader Forum on 07/02/2025</p>	

<p>and roster management was one of the key agenda topics. The Provider has developed a roster audit, which will be completed in this center by 04/03/2025</p> <p>To be Completed – 04/03/2025.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge commenced in Ti Geal service on the 20/01/2025. The Person in Charge is supported by the Ti Geal Team Lead and the Person Participating in Management.</p> <p>Induction Meetings have been held, in person, with the Person in Charge since the 20/01/2025.</p> <p>A staff meeting was held on the 27/01/2025 and was attended by the Person Participating in Management and the Director of Operational Supports and Services.</p> <p>Weekly support meetings are scheduled with the Person in Charge and the Person Participating in Management up to 30/06/2025.</p> <p>To be Completed;30/06/2025.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The service Risk Register and associated risk assessments have been updated to reflect the risk of the absence of a Person in Charge in the service, and the control measures in place. The control measures included the Team lead in place, and the frequent oversight of the Director of Operational Supports and Services, should the Person Participating in Management be unavailable to the service.</p> <p>The risk assessment was further updated to reflect the commencement of the Person in Charge in Ti Geal Services.</p>	



Completed – 21/01/2025.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

A review of residents' goals has been completed. A "Goals progression chart" has been reintroduced which will clearly record the resident's goal and dates of engagement be confirmed by staff signature.

Following a key worker session, one resident has confirmed their wish to engage with certain goals within Day Service. The key worker in the designated centre has confirmed that the goal is being progressed via the day service. Another resident's goal identified is being progressed via Ti Geal as per their preference with date of goal completion of by the 30/04/2024.

Completed – 30/04/2025.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

All staff have reviewed and signed off on the Positive Behaviour Support Plans for residents. Review and sign off of support plans is an agenda item for staff meetings.

The Positive Behaviour Support Plan is currently being reviewed by the Positive Behaviour Support Manager and will reflect the increased staffing in place for the resident.

To be completed – 30/03/2025.

## 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 14(1)	The registered provider shall appoint a person in charge of the designated centre.	Not Compliant	Orange	30/06/2025
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	04/03/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	30/06/2025
Regulation 26(2)	The registered provider shall	Substantially Compliant	Yellow	21/01/2025

	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.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/04/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/03/2025