



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

Issued by the Chief Inspector

Name of designated centre:	Arbutus Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	26 March 2024
Centre ID:	OSV-0004105
Fieldwork ID:	MON-0034197

About the designated centre

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

Arbutus is a centre run by Ability West. It is a residential service that can provide care to seven residents, both male and female who are over the age of 18 years and have an intellectual disability. The centre comprises of two premises, which are located on the outskirts of Galway city and within close proximity to each other. Both premises are two-story houses, containing single occupancy bedrooms, an en-suite, shared bathrooms, sitting rooms, kitchen and dining areas, staff office and garden areas. Residents have access to transport and are within close proximity to local hotels, shops and amenities. Staff are on duty in this centre both day and night.

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
Tuesday 26 March 2024	09:30hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection to assess the provider's compliance with the regulations and following an application to the Chief Inspector of Social Services to renew registration of the centre. The inspection was facilitated by the person in charge. The inspector also had the opportunity to meet with staff members who were on duty, with four of the residents who were living in the centre and with a family member. The inspector also reviewed six questionnaires that had been completed by residents and issued prior to the inspection.

The designated centre comprised of two houses within close proximity to each other and located in residential areas on the suburbs of a city. Residents living in this centre had resided together for many years and knew one another well. Four residents currently shared one house and attended day services during the weekdays, they were supported by staff during the day and at night time. One resident was currently being accommodated in another of the providers designated centres. The person in charge advised that a review meeting for this resident was due to take place to ensure that their current increased needs were met following their recent stay in hospital and respite stay in a nursing home. They advised that they were waiting on the physiotherapist review and report in relation to the suitability of the residents environment in the centre. Two residents who shared the second house were supported to stay in their homes independent of staff. There was specific staffing arrangements in place for these residents, including, allocation of weekly staff support hours to assist these residents with various aspects of their social care.

The larger of the two houses was detached, dormer style and at the time of inspection accommodated four residents in individual bedrooms. There were two bedrooms located on the ground floor and one had its own en-suite shower room. There were three bedrooms located on the first floor. The inspector noted that further improvements and refurbishments had been completed since the previous inspection. The bedrooms had been recently painted, new fitted wardrobes had been provided, rooms were furnished and decorated to individual personal tastes and styles. There was a separate sitting room, kitchen dining room and shower rooms located on each floor. Both shower rooms had been completely refurbished with a high standard of surface finishes. The house was comfortable, warm, visibly clean, decorated and furnished in a homely style. The living room, kitchen and utility area had been upgraded and refurbished in the past 12 months and new light fittings been recently been provided. The ground floor area had been suitably adapted to facilitate residents with mobility issues be independent and an area of the kitchen had been designed to facilitate a resident who was a wheelchair user. Their ground floor bedroom was also designed to facilitate bed evacuation in the event of a fire or other emergency. The house was wheelchair accessible with a ramp provided to the front door area. There was an accessible garden area to the rear of the house which could be easily accessed. There was a paved patio area with wooden bench seating and a variety of plants and shrubs. There was an array of colourful spring plants

which residents had planted in a variety of pots and containers providing an inviting and colourful entry to the house.

The second house was a two storey terraced house which accommodated two residents in separate bedrooms. There was a kitchen cum dining room and a separate living room on the ground floor, two bedrooms and a bathroom located on the first floor. Residents had access to a large garden area to the rear of the house which continued to be maintained by an external contractor. Extensive refurbishments had been completed since the last inspection. A new front door, new flooring to the ground floor, new carpet to the stairs and landing and repainting had been completed. New soft furnishings including blinds and curtains as well as some new kitchen appliances had also been provided. The person in charge outlined plans for further works to include a new fitted kitchen pantry cupboard and refurbishment of the bathroom area. The house was decorated in a homely manner with residents own effects including framed artwork, photographs and items of significance to them.

The inspector met and spoke with four residents when they returned from their respective day services on the afternoon of inspection. All residents appeared in good form and told the inspector that they enjoyed attending day services and were happy living in the centre. They advised that they got on well with one another and with staff supporting them. The inspector observed that they were relaxed and familiar with one another and in their environment. On return from day services they all sat and chatted about their day over a cup of tea, some residents had fruit and snacks. They spoke about looking forward to the Easter holidays, some said they were looking forward to a lie in bed and others to visiting friends and family. They mentioned how they had planned the weekend menu, and were looking forward to having fish on Good Friday and a big meal on Sunday. They told the inspector how they enjoyed cooking and how they took turns in cooking dinner for one another. Residents advised that they were delighted with the improvements carried out to the house and spoke about how they were involved in choosing their preferred colours for their bedrooms, had designed their own wardrobes and selected items of furniture. They mentioned that the house was comfortable and warm and how they loved the open fire during the cold weather. They spoke about how they got out and about and led busy active lives. They advised that they got to partake in activities out in the community that they enjoyed including attendance at regular music concerts, various outings, day trips, shopping, eating out, playing basketball and partaking in a dance group.

The centre had its own minibus which residents could use to attend activities. Some residents independently used taxi services and some used public bus transport to independently go shopping. Others walked independently to the local shops and church services. Residents also spoke about enjoying time relaxing at home, watching their preferred videos or listening to music on their laptop, hand held tablet or on the television. They mentioned how they liked following their own routines, including making their lunches, preparing and cooking food, completing laundry and other household tasks. The inspector did not meet with the two residents in the other house. The person in charge confirmed that one resident was at work and the other resident had gone on a day trip to meet a relative. They

advised that both residents continued to live independently and went about their own routines on a daily basis.

Staff on duty were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support. Staff and residents chatted together in a relaxed and familiar way. The inspector noted a friendly and lively atmosphere in the house. Staff spoken with were very knowledgeable regarding residents wishes, preferences and interests. Residents spoken with and those that had completed questionnaires advised that they felt safe living in the centre and felt they could raise concerns or issues at any time. Staffing levels in the centre had increased since the last inspection. There were now three staff on duty in the afternoon, evenings and at weekends. Residents confirmed that the additional staff member in the afternoons was beneficial and facilitated them with better opportunities to attend and partake in activities of their choice. Residents spoken with mentioned that staff were nice, kind and supportive. The relative spoken with was complimentary of the service and of staff working in the centre. They advised that their family member was very happy living in the centre, liked their refurbished bedroom and got to partake in lots of activities that they enjoyed.

In summary, the inspector observed that residents were treated with dignity and respect by staff. Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. All staff had completed training on human rights. Staff continued to ensure that residents' preferences were met through daily consultation, weekly house meetings, monthly one to one meetings, the personal planning process and ongoing communication with residents and their representatives. It was evident that residents lived active and meaningful lives, had choices in their daily lives and that their individual rights and independence was very much promoted.

The next two sections of the report outline 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 clearly defined management structure in place, the findings from this inspection indicated that the centre was generally well managed and further improvements in compliance with the regulations were noted. The compliance plan submitted following the previous inspection had largely been addressed, many improvements had been completed to both houses, refunds of money due to residents had been processed, staffing levels had increased, there were improved access to allied health services such as occupational therapy and physiotherapy and maintenance issues identified were being addressed in a timely manner.

The person in charge had continued to review staffing levels in the centre

particularly in relation to meeting the on-going complex health care needs for a resident. A comprehensive assessment completed for this resident had identified the need for nursing support. This case had recently been discussed at the complex care forum, however, the provider had no clear plan in place to address and meet this assessed need.

The person in charge worked full-time in the centre and had continued to ensuring that residents were provided with a person centred service in a homely environment. The person in charge was supported in their role by a senior manager. There were on-call arrangements in place for out of hours seven days a week. The details of the on-call arrangements were notified to staff on a weekly basis and clearly displayed in the centre.

Training continued to be provided to staff on an on-going basis. Records reviewed indicated that all staff including relief staff had completed mandatory training. Additional training had been provided to staff to support them in meeting the specific needs of some residents. The person in charge had systems in place to ensure that staff training was regularly reviewed and discussed with staff.

The provider and local management team had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review for 2023 was completed and had included consultation with service users and their families. Questionnaires returned as part of this consultation indicated complimentary feedback of the service. The most recent unannounced provider led audit had taken place over three days in November and December 2023. This review was found to be comprehensive and had set out a number of recommendations in an action plan. The inspector noted that many of the actions required had been addressed, for example, staff training had been completed in restrictive practice and in relation to positive behaviour support, the annual review had been completed and risk register had been reviewed and updated. The main outstanding actions were in relation to the completion of refurbishment works to the bathroom in one of the houses.

The person in charge continued to regularly review areas such as the risk register, fire safety, medication management, infection, prevention and control, residents finances, restrictive practices, incidents and accidents as well as residents files. It was evident that the findings from these reviews were regularly discussed with staff at monthly team meetings. The area manager continued to meet with the person in charge on a weekly basis to discuss risk and other issues pertaining to this centre.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

There was a person in charge who was employed on a full-time basis and who had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels in the centre had increased following the last inspection which had resulted in positive outcomes for residents. Residents spoke about how this increase in staff had benefited them and how they now had better opportunities to attend activities of their choice as a result. There were no staff vacancies at the time of inspection. The staffing roster reviewed indicated that a team of consistent staff was in place to ensure continuity of support and care for residents. The roster was completed to the end of May 2024.

However, the provider needed to ensure that where nursing care is required in order to meet the assessed needs of residents, such care is provided. A comprehensive assessment completed for a resident with on-going complex health care needs had identified the need for nursing support. This case had recently been discussed at the complex care forum, however, there was no evidence of a plan yet in place to address this need.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training in various aspects of infection prevention and control, skin integrity, use of hoists, stoma care, human rights, risk management, restrictive practices and positive behaviour support had been provided to staff. Further training in relation to feeding, eating and drinking guidelines (FEDS) was scheduled.

Judgment: Compliant

Regulation 21: Records

Records as required by the regulations were maintained in the centre. Records were found to be orderly, clear and up-to-date. All information requested by the inspector was made available in a timely manner.

Judgment: Compliant

Regulation 23: Governance and management

The provider had largely implemented the compliance plan submitted following the last inspection and there was improved compliance with the regulations reviewed on this inspection.

However, the provider had not ensured that nursing care arrangements to meet the assessed need of a resident was provided. A resident with complex health-care needs was assessed as requiring nursing support, however, there were no arrangements in place to provide same. Records reviewed showed that there were on-going situations where nursing interventions were required, which had resulted in the resident having to seek medical attention in the accident and emergency department of the local hospital or seek medical attention from the emergency ambulance service, impacting negatively on the resident. This resident's complex care needs had been discussed at two recent complex care forum meetings attended by the senior management and multidisciplinary team. However, there was no evidence that the provider had considered this need as a priority and there was no evidence of having a plan in place to address this assessed need.

Improvements were also required to ensure that planned works to the refurbishment of the bathroom in one of the houses was completed in line with the compliance plan submitted.

Further oversight was required to ensure that the time taken to evacuate residents in the event of fire was recorded in fire drill records maintained so as to provide assurances that all residents could be evacuated safely in the event of fire at night-time.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose submitted with the recent application to renew registration was reviewed by the inspector. It was found to contain the information as set out in schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and the complaints procedure was available in an appropriate format and had been discussed with residents. Residents were asked at the weekly house meetings if they had any concerns or issues they wished to raise. There were no complaints received during 2023 and to date during 2024. Residents spoken with on the day of inspection advised that they had no complaints.

Judgment: Compliant

Quality and safety

The inspector found that the care and support that residents received from the staff team was of a good quality, staff strived to ensure that residents were safe and well supported. However, as discussed under the capacity and capability section of the report, improvements were required to ensure that a resident assessed as requiring nursing support was provided with same as a priority.

Residents advised that they were happy in their environments and with staff supporting them. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis. Planned improvements works to upgrading the bathroom facilities in one of the houses was yet to be addressed and fire drill records needed to reflect the time taken to evacuate residents in order to provide assurances that they could be safely evacuated at night-time.

Staff spoken with were familiar with, and knowledgeable regarding residents' up-to-date health-care needs including residents with specific health-care conditions. The inspector reviewed a sample of residents files and noted that a range of risk assessments had been completed, care and support plans were in place for all identified issues including specific health-care needs. Care plans were found to be individualised and informative. There was evidence that risk assessments and support care plans were regularly reviewed and updated as required. For example, a resident assessed as at risk of developing pressure ulcers had a specific skin integrity support plan in place. Skin charts were maintained with regular skin checks

recorded. Suitable specialised pressure relieving equipment including a new high low specialised bed, an alternating air pressure mattress, high specification flotation cushion and specialised chair had been provided following consultation, assessment and recommendation from the occupational therapist (OT) and physiotherapist. Staff spoken with were knowledgeable and had received training in relation to skin integrity and other specific health-care issues. The person in charge advised that this resident had no skin breaks at the time of inspection.

There were clear written procedures in place in relation to the care and support needs of a resident who required the use of an indwelling medical device. While supports were in place from the community intervention team to change this device when routinely required, they were not based locally and therefore were not available in the event of emergency. Records reviewed showed that there were on-going and regular situations where nursing interventions were required, which had resulted in the resident having to seek medical attention in the accident and emergency department of the local hospital or seek medical attention from the emergency ambulance service, impacting negatively on the resident. Staff reported their concerns for this resident due to the long delays in the accident and emergency department and due to the residents assessed high risk of developing pressure sores. This resident's comprehensive assessment had identified the need for nursing supports. The senior management team were aware of these concerns and risks, this resident's complex care needs had been discussed at two recent complex care forum meetings attended by the senior management and multidisciplinary team. However, there was no evidence that the provider had considered this need as a priority and there was no evidence of having a plan in place to address this assessed need.

Residents' had regular and timely access to general practitioners (GPs) including out of hours service and to health and social care professionals. The GP facilitated some residents with home visits in order to better meet their needs. A review of residents files showed that residents were regularly reviewed by the GP, had been referred to and recently reviewed by a range of allied health professionals, hospital consultants and members of the community intervention team. Residents had been recently seen by the physiotherapist, occupational therapist, speech and language therapist and dentist. The speech and language therapist (SLT) had carried out a recent assessment following a swallowing related incident. The SLT recommendation's were clearly set out in a swallow care plan and provided clear guidance for the staff and resident. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of them requiring hospital admission.

Safeguarding of residents continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of comprehensive intimate and personal care plans. There were no active safeguarding concerns at the time of inspection. Safeguarding was an agenda item at the monthly staff meetings and all staff had recently completed further training provided by the Health Service Executive.

There were systems in place for the management and review risk in the centre. The

inspector reviewed the risk register which was being reviewed on a monthly basis. The risk register was found to be reflective of risk in the centre. Identified risk were regularly discussed with the staff team and with the area manager. The person in charge and all staff had completed training on risk management. Each resident had an up-to-date personal emergency evacuation plan in place. There was a health and safety statement available which had been discussed with staff at a recent staff meeting.

All staff had recently received training in supporting residents manage their behaviour from the behaviour support manager. Residents who required support had access to psychology services and had positive behaviour support plans in place. There were some restrictive practices in use which were subject to regular review by the organisations human rights committee. There were written protocols in place to guide staff in the event that restrictions were required.

Staff on duty demonstrated good fire safety awareness and knowledge on the workings of the fire alarm panel. All staff had completed fire safety training and had completed in-house training on the workings of the fire alarm system and panel. Regular fire drills continued to take place which provided assurances that all residents could be evacuated safely in the event of fire during the day-time. However, the time taken to evacuate residents had not been recorded in the night-time scenario drills.

There were systems in place to control the spread of infection in the centre. There were colour-coded cleaning systems in place and cleaning equipment was suitably stored. The laundry areas were well equipped and maintained in a clean and organised condition. Both houses were found to be visibly clean. The provider had carried out improvement works to the premises including the upgrading and refurbishment of two shower rooms which further enhanced infection prevention and control in the centre.

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members and some residents were supported to regularly visit and stay with family members at home.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had adequate storage space to store and maintain their clothes and

other personal possessions. Residents had been provided with new fitted wardrobes which provided ample storage space. Residents were facilitated and supported to manage their own laundry.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage regularly in meaningful activities and the provider had ensured that sufficient staffing and transport arrangements were in place to facilitate this. Residents were regularly consulted with to ensure that they could partake in activities that were of specific interest to them. The centre was close to a range of amenities and facilities in the local area and nearby city. Residents spoken with confirmed that they regularly got out and about and led busy active lives. They advised that they got to partake in activities out in the community that they enjoyed including attendance at regular music concerts, various outings, day trips, shopping, eating out, playing basketball and partaking in a dance group.

Judgment: Compliant

Regulation 17: Premises

Both houses in the centre were found to be clean, comfortable, furnished and decorated in a homely style. Required refurbishments identified at the last inspection had been largely been addressed and further improvement works were planned to one bathroom. One of the houses had been suitably designed and adapted to meet the needs of a resident using a wheelchair. Suitable aids and appliances including a hoist were provided to aid resident mobility.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and updated and was reflective of risks that were relevant to the centre. All residents had a recently updated personal emergency evacuation plan in place. All incidents were reviewed regularly by the local management team and discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted procedures consistent with with the standards for the prevention and control of healthcare-associated infections. There was evidence of good practice in relation to infection prevention and control noted. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. The building, environment and equipment were visibly clean and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily, weekly and monthly fire safety checks were carried out and recorded. In-house training had been provided to all staff on the workings of the fire alarm system. Staff spoken with were knowledgeable regarding the workings of the fire alarm system and the layout of the centre. Regular fire drills continued to take place involving both staff and residents, however, some improvements were required to fire drill records so as to provide assurances that all residents could be evacuated safely in the event of fire. The times taken to evacuate residents had not been recorded in the night-time scenario drills.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge and staff team spoken with, as well as records reviewed indicated that staff were knowledgeable and very vigilant in monitoring and supporting residents individual assessed and specific health-care needs on a day-to-day basis.

However, the provider had not ensured that nursing care arrangements to meet the assessed need of a resident were provided. A resident with complex health-care needs was assessed as requiring nursing support, however, there were no arrangements in place to provide this. Records reviewed showed that there were on-going situations where nursing interventions were required, some of which had resulted in the resident having to seek medical attention in the accident and emergency department of the local hospital or seek medical attention from the

emergency ambulance service, impacting negatively on the residents dignity and well-being including an increased risk of developing pressure sores.

Judgment: Not compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health care that they needed. Residents' with specific medical conditions continued to be closely monitored. Residents had regular and timely access to general practitioners (GPs). The person in charge spoke of improved access to allied health services particularly physiotherapy, occupational therapy. A review of a sample of residents' files indicated that residents had been regularly reviewed by their GP, physiotherapist, occupational therapist, speech and language therapist and dentist. Residents with specific health care needs had regular review by specialist consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to regular psychology review and had updated positive behaviour support plans in place. Restrictive practices in place were regularly reviewed. There was multidisciplinary input into the decisions taken, a risk assessment and clear rationale outlined for restrictions in use.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, and all staff had received up-to-date training in safeguarding. At the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. The residents had access to mobile telephones, televisions, the Internet and computer devices. It was evident that residents were regularly consulted with and participated in the organisation of the centre. All residents were registered to vote and discussions had taken place regarding the recent referendum at the weekly house meetings. Residents religious rights were also promoted and some residents spoke about attending mass in the local church. All staff had completed training on human rights. The Charter of rights was clearly displayed and topics including advocacy and rights were discussed with residents at one to one meetings. Restrictive practices in use were reviewed regularly by the organisations human rights committee.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Arbutus Services OSV-0004105

Inspection ID: MON-0034197

Date of inspection: 26/03/2024

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Ability West continue to advertise for the post of a Clinical Nurse Manager 1 / Community Co-ordinator. Following the recruitment of a Clinical Nurse Manager 1 / Community Co-ordinator, nursing supports will be provided where required. This will be completed by 01/07/2024. Currently the resident receives nursing supports from the hospital in areas specific to her nursing needs.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Ability West continue to advertise for the post of a Clinical Nurse Manager 1 / Community Co-ordinator. Following recruitment of a Clinical Nurse Manager 1 / Community Co-ordinator nursing supports will be provided where required. This will be completed by 01/07/2024. Currently the resident receives nursing supports from the hospital in areas specific to her nursing needs. The premises that has been identified for additional improvements to the bathroom is a council property. Whilst Ability West has negotiated with the council to upgrade the bathroom the organization have now listed these required improvements to be carried out by Ability West. This will be completed by 30/09/2024.</p> <p>Following the day of inspection a fire drill has been completed with the minimum staffing in place to establish that all residents can be supported to evacuate the building in a safe timeframe. This was completed 27/03/2024. A comprehensive review of fire evacuation drills will be completed with the Person in Charge and the Person Participating in Management. This will be completed by 31/05/2024. A fire drill audit will be completed monthly and as part of the audit fire evacuation drills</p>	

to include fire evacuation times will be reviewed. This will be completed by 31/05/2024. Fire safety will be added to the agenda of the monthly staff and residents house meetings. Fire drill times and scenarios will be discussed and reviewed by staff. This will be completed by 31/05/2024.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The premises that has been identified for additional improvements to the bathroom is a council property. Whilst Ability West has negotiated with the council to upgrade the bathroom the organization have now listed these required improvements to be carried out by Ability West. This will be completed by 30/09/2024.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following the day of inspection a fire drill has been completed with the minimum staffing in place to establish all residents maybe supported to evacuate the building in a safe timeframe. This was completed 27/03/2024. A comprehensive review of fire evacuation drills will be completed with the Person in Charge and the Person Participating in Management. This will be completed by 31/05/2024. A fire drill audit will be completed monthly and as part of the audit fire evacuation drills to include fire evacuation times will be reviewed. This will be completed by 31/05/2024. Fire safety will be added to the agenda of the monthly staff and residents house meetings. Fire drill times and scenarios will be discussed and reviewed by staff. This will be completed by 31/05/2024.	
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: Ability West continue to advertise for the post of a Clinical Nurse Manager 1 / Community Co-ordinator. Following recruitment of a Clinical Nurse Manager 1 / Co-ordinator nursing supports will be provided where required. This will be completed by 01/07/2024. Currently the resident revievies nursing supports from the hospital in areas specific to her nursing needs.	

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(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	01/07/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2024
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'	Not Compliant	Orange	01/07/2024

	needs, consistent and effectively monitored.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/05/2024
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	01/07/2024