



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

## Issued by the Chief Inspector

Name of designated centre:	Fairview Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	04 January 2023
Centre ID:	OSV-0004058
Fieldwork ID:	MON-0034719

## About the designated centre

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

A maximum of six residents can live in this centre where the provider aims to ensure that each resident receives quality support and services consistent with their assessed needs. Residents living in Fairview Services have a primary diagnosis of intellectual disability but some may also have other needs such as physical and medical needs. The centre is open seven days a week and provides a full-time residential service to some individuals. Residents are male and female from the age of 18 upwards, and are provided with 48 week contracts and the use of their own bedroom. Each person attends a day service, or supported employment outside of the centre. While residents may have medical needs the model of care is social and the staff team is comprised of social care and care staff supported and managed by the person in charge who is also a member of the frontline team. Ordinarily two staff work in the centre during the day and a sleepover staff supports residents at night. Each resident has a contract of care outlining agreements and extra charges that may be incurred in the centre.

**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
Wednesday 4 January 2023	09:00hrs to 14:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector found that residents who used this service were generally happy and they were assisted to enjoy a good quality of life. It was also clear that their rights were supported and they were actively involved in their local communities.

The inspector met with five residents on the morning of inspection. Four residents were preparing to attend their respective day services and one resident was getting ready for work. All residents were relaxed and they chatted freely with each other and the inspector. There was a very pleasant atmosphere and residents indicated that they were happy for the inspector to view their home while they were away.

When chatting with residents it was clear that they enjoyed a good quality of life. One resident discussed how they had recently gone on a foreign holiday with staff and a friend and they really enjoyed this trip. They planned the trip so they could also see their favourite country music performer and they said that they were really looking forward to planning another holiday. They also discussed their job which they attended on weekdays and how they liked getting paid for their work. They said that sometimes they found it busy, but overall they liked to go to work each day. They explained that they got assisted transport to work and they loved having their own key for the house and returning home to make their lunch after work each day.

The four other residents discussed how they enjoyed attending their day services and also that they enjoyed the break for Christmas. Residents explained how they went home to spend time with their families and also how they received lots of nice presents. They also discussed how they enjoyed participating in their home and they each take turns in helping to assist with meals and also with the cleaning and tidying of their home. Residents also outlined their day-to-day lives and how they like getting out and about in the nearby city. They explained how they liked going for walks in town and how they might stop to have a coffee or browse in the shops. Residents also enjoyed music and they discussed how they really enjoyed an ABBA theme night prior to Christmas.

The centre was warm, cosy and had a real sense of home. It was decorated for Christmas and residents also had pictures displayed of them enjoying social events. There were two formal sitting rooms where residents could relax and watch television and the person in charge explained that an additional television had been placed in the dining area as sometimes there were different preferences in regards to television programmes which could cause some minor conflict. There was also a bright and modern kitchen which residents could freely use to prepare light snacks and to also assist staff with the centre's main meals. Each resident had their own bedroom and there was an ample number of private and shared bathrooms for residents to use.

Two staff members were on duty as the inspection commenced and the centre's

person in charge attended the centre as they finished their shift in the late morning. Both staff members had a pleasant rapport with residents and they spoke warmly to residents throughout the morning. Residents also came to them for advice and also to discuss what their plans were for the day ahead. Staff also had an in-depth knowledge of residents' individual and collective needs and they clearly discussed how sometimes residents had differences of opinions which could lead to some conflict. However, they explained how the centre used a rights based approach to care and that a theme of respect would be promoted at residents' meetings which seemed to have a positive impact on interactions within the centre.

Overall, the inspector found that this centre was a pleasant place in which to live and that residents were well supported to access their community and engage in activities which they enjoyed. This inspection did highlight that some improvements were required in areas such as medications, fire safety and infection prevention and control (IPC); however, the care which was offered was held to an overall good standard.

## Capacity and capability

The inspector found that the provider had ensured that the centre was well resourced and the oversight measures which were in place ensured that care was generally held to a good standard.

The inspection was facilitated by the centre's person in charge and it was clear that they had a good understanding of the residents' care needs and also of the resources and measures which were implemented to ensure that their needs were met. They were based in the centre and they maintained responsibility for the day-to-day operation of the centre and also the delivery of care.

The person in charge ensured that regular checks of care practices such as medications, fire safety and personal plans were occurring and although some adjustments were required in these areas of care, overall they were maintained to a good standard. The provider had also completed the centre's six monthly audit which was found to be robust in nature and focused on issues which had the potential to impact on the provision of care such as safeguarding. The audit clearly examined incidents which had occurred in the centre and recommendations were made which clearly indicated to the inspector that safeguarding and the welfare of residents was promoted. This audit had only been recently completed and the person in charge was awaiting the associated action plan to assist in addressing areas which required attention. The provider had also completed the centre's annual review, with the next review scheduled to occur in the weeks following this inspection. The review which was in place examined how the centre performed over the previous year and overall it highlighted that residents had a good quality of life. The review also took into account residents and their representatives' thoughts on

the service with an overall positive response received.

The two staff members who were on duty on the day of inspection had a pleasant approach to care and they chatted freely with residents throughout the morning. They both spoke in detail in regards to how residents get on together and they clearly outlined how recent visits from the centre's designated officer and behavioural support specialists had assisted in resolving differences which were occurring between some residents. They also discussed issues such as IPC and COVID 19 and they had a clear understanding of the cleaning and disinfecting arrangements and also of each resident's individual support requirements should they contract COVID 19.

Overall, the inspector found that the provider had measures in place to ensure that residents enjoyed a good quality of life and that care practices were monitored to ensure that a good level of care was promoted and maintained at all times.

### Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents received consistency of care from a familiar staff team. The person in charge explained that there was no agency staff in use and that staff members filled any deficits in the rota to ensure that the centre was resourced adequately with staff at all times. The person in charge was also in the process of examining the changing needs of residents and a formal report had been referred to senior manager in regards to the future staffing needs of this centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge maintained a record of staff training which indicated that staff were up to date with their training needs. Staff had completed training in regards to safeguarding, behavioural support and fire safety, with additional training completed in relation to hand hygiene and the use of personal protective equipment. Staff members also attended regular team meetings which facilitated them to raise concerns in regards to care practices.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had governance and management arrangements in place which assisted in ensuring that care was generally held to a good standard. The provider had appointed a suitable person in charge to manage the day-to-day operation of the centre and they had a good understanding of the service and of the resident's individual care needs. A robust six monthly audit had recently occurred and all required audits and reviews had been completed by the provider which provided good oversight of care.

Judgment: Compliant

### Regulation 30: Volunteers

There was one volunteer in place on the day of inspection and they had commenced in supporting one resident in the recent months. The person in charge was aware of their supervision requirements and they had their responsibilities set out in writing. However, the volunteer's roles had not been clearly set out and this required further review.

Judgment: Substantially compliant

### Quality and safety

The inspector found that residents enjoyed a good quality of life and the arrangements which the provider had in place ensured that the service was safe and promoted residents' independence.

As stated earlier in this report, residents who met with the inspector stated that they were happy in this centre and that staff who supported them were very nice. The centre itself had a real sense of home and residents who met with the inspector were calm and relaxed and they chatted freely with the two staff members who were on duty. Residents were preparing to either attend the day services or their place of employment and they told the inspector that they looked forward to the day ahead.

There were no active safeguarding plans required in this centre and there was an open and transparent culture promoted which assisted in ensuring that any safeguarding concerns would be documented and acted upon. In the months prior to the inspection there had been some differences of opinions among some residents. The inspector found that the person in charge and the staff team had a good understanding of these interactions which were clearly documented. Both the person in charge and the staff team explained that open discussion with residents and the promotion of fairness and respect at residents' meetings had assisted to lessen



the frequency of these interactions and also reduced the potential impact. The provider's designated officer had also met with residents as a group and also individually to discuss safeguarding which promoted an open and transparent culture and also education residents in regards to self care and protection. The inspector also noted that the centre's most recent six monthly audit had highlighted these issues also which indicated that the provider was aware of any potential safeguarding concerns.

The staff who were on duty had an indepth understanding of residents' needs, which included the behavioural support recommendations of two residents. Staff spoke at length in regards to how residents interacted with each other and how, on occasions, behaviours could escalate. Both staff members indicated that certain interactions and comments from some residents could be interpreted negatively but these incidents were not the norm and prompt awareness and intervention by staff assisted in reducing these occurrences. Staff explained that there had been some recent reviews of a behavioural support plan to better capture these interactions and the inspector found that overall, behavioural support within the centre was well managed.

Residents had good access to their local community and those who spoke with the inspector explained how they enjoyed going out for coffee and shopping. A review of residents' daily notes and information within the centre indicated that residents had a good social life and also that they were well supported enjoy activities which they enjoyed such as bowling and meeting up with friends. Details within the centre showed that residents recently attended a Christmas concert and that they also participated in carol singing. Residents were also supported to enjoy short hotel breaks and also sun holidays abroad. Although day-to-day activities and community participation was promoted and encouraged, a review of personal plans showed that some residents had not been fully assisted in achieving all their personal goals and this area of care required further review.

The inspector found that residents enjoyed a good quality of life and that they were actively involved in decisions about their care and also the running and operation of their home. Although some areas of care required adjustment, overall the inspector found that the quality and safety of care was maintained to a good standard.

## Regulation 12: Personal possessions

The staff team maintained accurate records of money which was spent by or on behalf of residents. Detailed records of both cash and bank card transactions which were reviewed by the inspector demonstrated that residents' money was appropriately managed and there was sufficient oversight to ensure that their money was safeguarded. In addition, the provider was also in the initial stages of supporting a new resident to the centre with managing their money and potentially opening an account with a financial institution.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had arrangements in place for identifying, recording and responding to incidents which occurred in the centre. The person in charge held responsibility for the day-to-day monitoring of incidents and a review of associated records indicated that all incidents were reviewed in a prompt manner. The person in charge also managed risk within the centre and suitable risk assessments were in place for issues such as COVID 19, fire, behaviours of concern and safeguarding.

Judgment: Compliant

### Regulation 27: Protection against infection

The house was clean in regards to a visual inspection and staff who met with the inspector could clearly outline the cleaning and disinfection arrangements including recommended solutions, their use and also equipment such as colour coded mops and cloths. However, some improvements were required as there was no suitable storage in place for mops. In addition, some areas of the centre required maintenance to ensure that staff could properly clean and sanitise these areas.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had taken the risk of fire seriously and there was equipment in place such as a fire alarm, emergency lighting and fire extinguishers. In addition, the provider had a schedule of servicing in place to ensure that the above equipment was in good working order. A records of fire drills also indicated that residents could evacuate promptly across all shift patterns. There was also fire doors in place throughout; however, two of these fire doors were not functioning properly on the day of inspection which did compromise some aspects of fire safety.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents had been assessed to self medicate and there was also suitable storage facilities in place for medicinal products. Staff were also completing regular stock checks and all medicinal products had appropriate labelling in place. A review of medication prescription sheets and associated administration records indicated that generally medications were administered as prescribed; however, one medication did not have a suitable prescription sheet in place and required further review.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place and they were facilitated to attend their individual planning meetings. One resident explained that they had achieved a goal of going on a foreign holiday and that they kept an accessible format of their goals in their own bedroom. However, the inspector reviewed a sample of goals and found that the provider failed to demonstrate that a resident had been supported to progress or achieve all their chosen goals.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

There were two behavioural support plans in place on the day of inspection, one of which had been recently reviewed by the behavioural support specialist to reflect recent interactions which were occurring in the centre. Staff who met with the inspector had a good knowledge of these plans and overall the inspector found that there was consistent approach in regards to this area of care. Although there were some chemical interventions prescribed, these were rarely used and with no recent administrations occurring.

Judgment: Compliant

### Regulation 8: Protection

The action from the last inspection had been completed with residents fully supported in the area of self care and protection. There were no safeguarding issues in this centre and staff who met with the inspector were well aware of potential safeguarding issues. The provider had also appointed a person to manage safeguarding concerns and they had recently visited the centre to give a talk on

safeguarding to residents.

Judgment: Compliant

### Regulation 9: Residents' rights

It was clear that the rights of residents was promoted and residents who met with the inspector clearly stated that they liked their home and that they had good access to their local communities. They attended regular house meeting and they were also actively involved in looking after their home in areas such as cleaning, tidying and preparing meals which they stated they enjoyed. In addition, the provider ensured that a resident could remain at home by themselves for short periods of time which actively promoted their independence.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Fairview Services OSV-0004058

Inspection ID: MON-0034719

Date of inspection: 04/01/2023

## 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 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers: Volunteers:</p> <p>In conjunction with the Volunteers Programme Manager the PIC will get the role of our new volunteer and add it to the file with role clearly outlined and signed off, in line with Ability West policy and procedures.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A full new flat mop system has been sourced and Ordered by PIC 31/01/2023. Flash disposable flat mops being used in the interim. Storage box and area no longer needed and has been cleared away.</p> <p>PIC has contacted Ancillary Manager in relation to outstanding items, and as a priority the items relating to Infection Prevention Control. An action plan is in place regarding all items and work has already begun on some of these items.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire precautions:</p> <p>Ancillary Services have been contacted to ensure fire doors are safe and effective measures taken to ensure they are fit for purpose. Fire safety company have checked the doors and Maintenance has fixed the problems with the 2 doors upstairs bringing it in line with Regulation 28.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
This item was corrected immediately and the PIC will draw up a more robust medication audit for Fairview Services and will discuss same with Quality and compliance. Peer medication audit will be undertaken on a quarterly basis.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
The PIC will draw up clear progress goal record sheets for Fairview Services that accurately show personal goals achieved or barriers relating to goals not achieved within a certain time frame. These will be monitored at staff meetings for progression of goals.



## 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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/02/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate	Substantially Compliant	Yellow	28/02/2023

	and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 30(a)	The person in charge shall ensure that volunteers with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	31/01/2023
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	28/02/2023