



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:	12 July 2024
Centre ID:	OSV-0004058
Fieldwork ID:	MON-0043696

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:	5
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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
Friday 12 July 2024	11:30hrs to 16:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life and that their rights were promoted. On the day of inspection, the inspector met with four residents who lived in this centre, and all reported that they were happy and content with the service. This was an unannounced inspection to assess the provider's compliance with the regulations and it was facilitated by the centre's person in charge and also a senior manager. Previous inspections of the centre had raised concerns in regards to meeting the changing needs of residents and also in regards to the oversight of care. However, this inspection highlighted a marked improvement in regards to the provision of care.

The centre was a large detached property located within an established housing estate in Galway city. It was located within a short walk of bus routes and also within a short walk of nearby shops and amenities. Residents had the use of transport which they used in the evenings and at weekends. Each resident had their own bedroom and there were an adequate number of shared bathrooms. There were three separate reception rooms in which residents could relax in the centre's kitchen had also been recently renovated. The centre itself was maintained to a good standard both internally and externally. In addition, the centre also had a warm and homely appearance and atmosphere. The walls of communal areas were decorated with pictures of residents with each other, family and friends while attending birthday parties, formal functions and events.

The inspection commenced in the late morning when residents had already left the centre. In the early afternoon, one resident returned from their place of employment and they let themselves in and prepared their lunch. After they had settled back in to their home, they met with the inspector and chatted about their job, pastimes and their home. They explained that they loved going to work each day and how it can be very busy. They also discussed that it was important that they were paid for the work that they do and they planned to use their savings to go on a hotel break towards the end of the summer. They discussed what it was like to live in the centre and overall they stated that they got on well with other residents and also staff who supported them. They had their own bedroom and they also had the use of a separate sitting room where they normally watched TV with one or two other residents. They explained to the inspector that their independence was very important and how coming and going from the centre by themselves meant a lot to them.

The inspector met with three other residents as they returned home from the respective day services, and all of whom were observed to be comfortable and relaxed in their home. One of the residents spoke at length with the inspector and they voiced satisfaction with their home, people lived with and also the staff who supported them. They explained that they liked going out for coffee, shopping and also day trips and that these activities were a regular occurrence in the centre. They had also been recently supported to stay in the centre for short periods of time by

themselves and this also meant a lot to them.

It was clear that residents considered the centre their home. Upon their return from day services and places of employment residents settled back into their evening routines. They chatted freely with each other and staff about their day and also the plans for the evening ahead. One resident had made themselves lunch while others had made a cuppa tea to relax and put their feet up. Residents were comfortable in the presence of staff, the person in charge and the centre's senior manager. They smiled warmly as they spoke with them and they went freely about their own affairs and sought the assistance of a staff member when needed.

The inspector found that this was a pleasant place in which to live and residents were well supported in regards to their independence and quality of life. Although some improvements were required in regards to fire safety, risk management and a resident's assessment of need, overall this was a positive inspection which highlighted marked improvements since the last inspection of the centre.

Capacity and capability

This inspection was conducted to assess the provider's compliance with the regulations. The provider had recently been subject to increased regulatory activity due to poor compliance across centres which it operated. This inspection found that there had been a marked increase in regards to compliance with the regulations and issues which were found on the last inspection in relation to the governance and oversight of care had been resolved. The inspector found that there was a good quality of care and support offered to residents and the arrangements which the provider had in place ensured the care was effectively monitored.

The provider had appointed a full-time person in charge who held responsibility for the day-to-day operation and running of the centre. They were supported in their role by senior manager and both individuals were identified on the management structure of the centre. The person in charge had a good understanding of the resident's individual and collective care needs and also of the resources which were in place to meet those needs. They attended the designated centre throughout the working week and they had scheduled management hours in which to fulfil the duties of the person in charge.

There had been recent changes in the governance and oversight arrangements within the provider which had a positive impact on the oversight of care in the centre. The person in charge and the senior manager reported regular contact with the provider's chief executive officer who held a weekly governance meeting with managers of all centres. The person in charge also met with their line manager on a monthly basis in which a service review of the designated centre was completed. In addition the provider had also completed all internal reviews and audits as set out in the regulations, with the most recent provided audit occurring in the weeks prior to this inspection. This audit had identified several areas of care which required

attention, however, there were no significant issues raised in the completion of this audit.

A review of the Rota for the week prior to and post this inspection, indicated that residents were supported by familiar and consistent staff team. There was no agency staff in use in the centre and any gaps in the planned Rota were covered by the provider's bank of temporary staff. The person in charge stated that the centre used a small number of temporary staff who knew the residents' needs well. The provider also had a mandatory and refresher training programme in place which ensured that staff could cater for the assessed needs of residents. A review of training records indicated that all staff had received mandatory training in areas such as safeguarding, behavioural support and fire safety.

Overall the inspector found that the management structure and oversight arrangements ensured that the quality and safety of care provided to residents was generally held to a good standard. Sustained improvements were observed since the centre's last inspection and inspector found that residents were happy in their home.

Regulation 15: Staffing

The person in charge maintained an accurate staff rota which clearly accounted for the day and night-time staffing arrangements in the centre. The provider ensured the centre was resourced in line with it's statement of purpose with two staff on duty when residents were in the centre during the day and a staff sleep in arrangement during night-time hours.

The provider ensured that a familiar and consistent staff team was available to residents and the inspector found this had a positive impact on both the social and personal needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a mandatory and refresher training programme in place which assisted in ensuring that staff could meet the assessed needs of residents. There were no additional training requirements for this centre, and staff had completed training in areas such as behavioural support, fire safety and safeguarding.

The provider also facilitated team meetings and scheduled support and supervision sessions with the person in charge. The inspector found that these arrangements promoted an open and transparent culture and gave staff a platform to discuss care and any concerns which they may have.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a management structure in place with clear lines of authority and accountability. The centre's person in charge attended the centre on a daily basis and they were supported in their role by a senior manager.

The provider also ensured that the centre was adequately resourced with staffing, allied health professions, transport and equipment. The provision of a full-time staff team and regular relief staff, who knew the residents needs well, promoted consistency of care. In addition, the person in charge reported that access to allied health professionals had greatly increased since the last inspection of the centre.

The provider was aware of the requirement to complete an annual review of the centre and also to conduct six monthly unannounced audits of care practices within the centre. The provider's six monthly audit found that care was generally held to a good standard with minor issues found on the centre's most recent audit. The centre's annual review also provided for consultation with residents. This consultation showed that residents had a high level of satisfaction with the service.

Judgment: Compliant

Regulation 30: Volunteers

There was one volunteer in place on the day of inspection and they supported one resident to access the local community on a fortnightly basis.

They had their roles and responsibilities clearly set out in writing and they also attended supervision with the volunteer coordinator. A copy of their up to date vetting disclosure was also kept on file.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy, and an associated complaints procedure was clearly displayed in the designated centre. The provider had easy read information on complaints which facilitated residents to understand how to make a complaint, how it would be managed and resolved to their satisfaction.

Residents were actively informed in regards to complaints which was on the agenda of recent residents' meetings. There were no active complaints on the day of inspection and residents told inspector that they could go to the person in charge or any staff member if they wanted to discuss an issue or raise a complaint.

Judgment: Compliant

Quality and safety

The inspector found the residents were supported to enjoy a good quality of life. They were active in the local community and they were well supported to engage in activities which they enjoyed. Although care was generally held to a good standard, some improvements were required in regards to fire safety, risk management and a resident's assessment of need.

The provider had comprehensive risk management plans were in place for known issues such as compatibility, falls, behaviours of concern and dysphagia. The person in charge had a good understanding of these risks with associated assessments recently reviewed. In addition, the provider had an incident/accident management system which facilitated the recording, response and escalation of safety issues which could arise in the centre. The person in charge had oversight of this system and they had responded to all recent incidents in a prompt manner. In addition, there were no trends of concern in regards to recorded adverse events.

The provider also promoted positive risk taking with two residents accessing the community independently and two residents also staying in the centre without staff support for short periods of time. Residents discussed this with the inspector and stated how important their independence was to them and that they really enjoyed going out by themselves and also having time to themselves in the centre. The inspector found that the actions of the provider in regards to positive risk taking promoted residents' rights and also improved the quality of care on offer. Although this was an example of good care, it did present an additional risk which was not identified by the provider. One resident, who was recently assessed to remain in the centre by themselves, was also assessed as requiring staff supervision when eating. The inspector found that that supporting the resident to remain in the centre by themselves required additional review by the provider.

Residents who used this service enjoyed a good social life. The provider ensured that adequate staff and resources were in place to facilitate residents to get out and about in the local community at a time of their choosing. The centre was centrally located and residents could walk, use public transport or the centre's transport to get to nearby amenities such as shops, restaurants and public houses. A review of records show that residents enjoyed meals out, going for coffee, going to concerts and also meeting up with friends. In addition, a resident had recently attended a gala ball with a volunteer who came to support them on a fortnightly basis. The

resident explained to the inspector how they had gone to buy a dress for the occasion and that they really enjoyed the night. Residents were supported to identify and achieve personal goals. Residents had an annual review where they discussed their goals for the upcoming year and to residents showed the inspector their personalised plans around these goals which included hotel breaks, visiting the Aran islands and also going to the above mentioned ball.

The provider had comprehensive assessments of need in place which were referred to as "an all about me" document. These documents assessed the health, social and personal needs of residents. It also covered areas such as nutrition, mobility, communication, mental health and money management skills. In the recent past, the provider did not have a suitable assessment process in place and issues were found in responding to the changing needs of residents. On this inspection, the inspector found that significant progress had been made in regards to determining residents' current and future needs. Although there have been improvements, some further adjustments were required, for example, an assessment which was reviewed by the inspector did not give an accurate account of a resident's communication skills or the level of capability and independence they had in terms of community access are remaining in the centre by themselves.

The inspector found that there had been marked improvements in the quality of safety of care provided to residents since the last inspection of the centre. Although some areas of care required further attention, overall this was a positive inspection where care was held to good standard.

Regulation 13: General welfare and development

Residents were well supported in regards to the general welfare and development. One resident attended paid employment throughout the working week and they explained to the inspector that they really loved their job. The remaining residents attended their respective day services five days per week where their educational, training and employment opportunities were facilitated.

A review of records indicated that residents had good access to the local community to engage in activities which they enjoyed. Some residents could access the community independently while others required the assistance of staff. Residents regularly went for coffee, meals out and also met up with friends. Residents also told inspector of their plans for hotel breaks during the summer months.

Judgment: Compliant

Regulation 17: Premises

The premises was maintained to a good standard both internally and externally. A

new kitchen had also been recently installed which give the centre a modern feel. Each resident had their own bedroom and residents had individual keys for these rooms which they could lock. There was an ample number of shared bathrooms and toilets for residents to use. Overall, the centre had a warm and homely feel and it was clear that residents considered it their home.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had a good understanding of risks in the centre and comprehensive risk management plans were in place for issues such as falls, compatibility and accessing the community independently. In addition, the provider had a system in place to record monitor and respond to adverse events which have the potential to impact upon the quality or safety of care provided. The person in charge maintained responsibility for the system and on the day of inspection all adverse events had been reviewed in a prompt manner. Although risk management was generally well promoted, some improvements were required. For example, a resident was assessed as requiring staff supervision while eating, however, the provider had not recognised the potential risk to resident when they remained in the centre by themselves should they prepare a snack or light meal for themselves.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire precautions were generally held to a good standard in the centre and a review of records indicated that all residents could evacuate the centre in a prompt manner with staff support. The provider had taken fire safety seriously and a serviced fire alarm and emergency lighting were in place. In addition, fire doors were in place throughout the centre to protect evacuation routes and aid the safe evacuation of residents.

However, some improvements were required as a fire drill had not been completed with the resident who was assessed to remain in the centre by themselves without staff support.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre had appropriate storage in place for medicinal products and staff were completing regular stock checks which promoted the safe administration of medications. A review of prescription sheets and associated administration records indicated that medications were generally administered as prescribed. Staff had also received training in the safe administration medications and there were no trends in regards to medication errors in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments of need have been recently completed for all residents in the centre and they were found to be generally held to a good standard. They outlined the current staffing supports which were in place to meet the needs of residents and also where additional care and support were required. Although there had been positive improvements in regards to the assessments of need in the centre some further adjustments were required. For example, an assessment did not give an accurate account of a resident's communication skills or their capability and independence in terms of community access and remaining in the centre by themselves.

Judgment: Substantially compliant

Regulation 8: Protection

There was no active of safeguarding plans required in the centre. Residents were supported to understand safeguarding procedures which were discussed at scheduled residents' meetings. Residents who met with the inspector stated that they felt safe in their home and in general they got on well with each other.

Information in regards to safeguarding was clearly displayed in the centre and all staff had received training in the application of safeguarding procedures.

Judgment: Compliant

Regulation 9: Residents' rights

It was clear that the rights of residents was actively promoted. Residents had their own passports and some were registered to vote. The inspector observed the

residents were treated with dignity and respect and they were actively involved in the running and operation of their home. Each resident had the right to lock their own bedroom and all communications and documents reviewed by the inspector were written in a respectful manner. Information on rights was also clearly displayed and advocacy was available, should it be required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fairview Services OSV-0004058

Inspection ID: MON-0043696

Date of inspection: 12/07/2024

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 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 person in charge has completed improvements regarding risk management procedures. A risk assessment has been completed to assess the risk to a resident, who is assessed as requiring staff supervision while eating, when they remain in the centre by themselves should they prepare a snack or light meal for themselves. As a measure to mitigate the risk, keyworking sessions have been completed with the resident to outline the type of foods they can eat when they remain in the centre by themselves without staff supervision. This was completed by the 12th of August 2024.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The person in charge will complete necessary improvements to fire precautions. As a measure to mitigate the risk, a fire drill will be completed with residents who are assessed to remain in the centre by themselves without staff support. This has been scheduled to be completed when the resident returns from their holidays. This will be completed by the 19th of August 2024.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge has completed necessary adjustments to the assessment of needs in the centre. Additional information has been included in the assessment to give an accurate account of a resident's communication skills and their capability and independence in terms of community access and remaining in the centre by themselves. This was completed by the 12th of August 2024.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	12/08/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Substantially Compliant	Yellow	19/08/2024

	followed in the case of fire.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	12/08/2024