



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

Issued by the Chief Inspector

Name of designated centre:	Palace Fields Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	22 April 2024
Centre ID:	OSV-0004062
Fieldwork ID:	MON-0040874

About the designated centre

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

Palace Fields Services is a designated centre operated by Ability West. The centre can cater for the needs of up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey house located on the outskirts of a town in Co. Galway, centrally located within walking distance of the town centre where a range of amenities are available. Residents have their own bedroom, some en-suite facilities, shared bathrooms, kitchen and dining area, sitting room, conservatory, staff office and utility. A large garden area is also available for residents to use at the rear of the centre. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	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
Monday 22 April 2024	12:00hrs to 16:00hrs	Anne Marie Byrne	Lead
Monday 22 April 2024	12:00hrs to 16:00hrs	Ivan Cormican	Support

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with the regulations. The day was facilitated by the person in charge and their line manager, and inspectors also had the opportunity to meet with a staff member, and with four of the residents who lived in this centre. This was a very positive inspection, with many effective systems in place to ensure residents were receiving the care and support that they were assessed as requiring.

At the time of this inspection, five residents were living in this centre, and were all at their day services when the inspectors arrived. One of these residents had transitioned to the centre in recent months, and had settled in very well into their new home. The other four residents had all lived together for a number of years. Since the last inspection in May 2022, the residents' assessed needs were unchanged, and they were still receiving support primarily with regards to their social care, with some also requiring some minor staff support in relation to personal and intimate care and positive behaviour support. In more recent times, in response to safeguarding incidents, increased staff supervision was required when some residents were together in communal areas.

The centre comprised of one large two-storey house located on the outskirts of a town in Co. Galway. The house was centrally located to nearby shops, hotels, restaurants and other amenities, which residents often liked to walk to, with the support of staff. Each resident had their own bedroom, three of which were en-suite, a shared bathroom, and all had communal use of a kitchen and dining area, sitting room, conservatory, utility and staff office. There was also a large rear garden for residents to use as they wished. Since the last inspection in May 2022, the provider had completed a number of upgrade and re-decoration works, to include, a new shower in the main bathroom, many rooms had been repainted, new wall tiles were fitted in the kitchen and utility, and a new carpet chosen by residents, was fitted to the stairs and upstairs landing. These had made a noticeable improvement to the overall aesthetic of the centre, with the provider having further plans to improve the rear garden area in the coming months. The inspectors visited residents' bedrooms, which were observed to be very personalised. Many of these residents had a keen interest in music and along with photographs of family and friends displayed, they also proudly framed photographs of themselves with various country and western singers. Other residents had used various items of interest to them to tastefully accessorize their bedrooms with. One resident who liked to look out onto the green at the front of the house, had large glass double doors in their bedroom, which allowed them to do so. This resident also had a keen interest in animals and had murals and stickers of such, displayed in their bedroom. Communal rooms had ample seating for residents to use, with many of the residents liking to regularly gather around the kitchen table to chat. Televisions were available in the conservatory and sitting room, which allowed residents a choice of rooms to relax in and watch television, if they so wished. Overall, this was a bright and well-

maintained house, that provided a very comfortable and homely living space.

These residents lived very active lifestyles, and they often liked to get out and about. They each attended day services during the week, and staff who spoke with the inspectors, said that they were sometimes tired in the evening time upon return, and often just liked to relax at home for the rest of the evening, or go for a short walk, with others liking to relax in the garden when the weather was fine. At weekends, residents did like to have plans made to head off. The weekend prior to this inspection, residents had enjoyed a trip to a local popular beach, where they had gotten a take-out lunch to sit and watch passers-by. They often got tickets for music concerts, went to local towns to do their shopping, and had also recently taken a trip to Dublin over the Easter period. Last summer, these residents rented a cottage in Co.Kerry for a few nights, and were beginning to discuss their plans for taking a similar break-away this upcoming summer. Some enjoyed regular trips home to stay with family and friends, and they were equally supported to have visitors come to see them in the comfort of their own home.

Later on in the inspection, as residents returned home from their day service, inspectors had the opportunity to briefly meet with four of them. One was telling the person in charge about knitting that they had been working on, while the others helped themselves to some light refreshments in the kitchen, before retiring to the sitting room to watch television. Another resident, came into the conservatory area where inspectors were sitting with members of management, and shook their hand, before getting a cup of tea and a biscuit for themselves to sit at the kitchen table. Staff were on duty to greet with these residents as they returned home, and interactions between residents and them were observed to be very kind and pleasant, with residents appearing very comfortable as they went to and from rooms within their home.

This inspection found many good areas of practice, which was having a positive impact on the quality of care and service that these residents were receiving. Good continuity of care was provided, with many effective systems governing key aspects of the service. The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was a well-run and well-managed service that ensured residents received a good quality and safe service. The provider had ensured suitable persons were appointed to manage this centre, and these persons had very clear knowledge of the needs of the residents, and of the service they required. A number of regulations were reviewed as part of this inspection, with the provider found to be in full compliance with these.

The person in charge was responsible for the running of this centre, and was based full-time at the house. They worked directly with residents and also had allocated

administration time each week, to fulfill their managerial duties. They had regular contact with their line manager to review operational matters, as well as, having monthly meetings with their staff team to talk about residents' specific care. They had managed this service for a number of years and were familiar with all the residents. Equally, as residents returned home from their day service, it was obvious to inspectors that these residents had a good relationship with the person in charge, and were very eager to tell them about what they had gotten up to for the day.

The staff that worked in this centre had done so for a number of years, and there was also minimal use of relief and agency staff, which had a positive impact on the continuity of care for these residents. Two staff were rostered for duty each day, with a sleepover staff in place every night. Where residents planned social outings, such as heading to concerts or other events, additional staff were rostered on duty to facilitate this, if so required. No resident was assessed as requiring one-to-one staff support; however, in response to recent incidents, increased staff supervision was required by some. At the time of this inspection, this was reported to be working well with the current number of staff on duty, and was remaining under regular review by local management.

This was a well-resourced centre, which had adequate equipment, maintenance, staffing and transport arrangements in place. Where additional resources were required from time to time, there was no issue in the service requesting this from the provider. In recent months, the provider had revised the way in which they were doing six monthly provider-led visits, with the most recent having been completed in this centre in February 2024. The report from this visit showed that the provider had looked at relevant areas to this particular service, and had compiled a clear action plan in response to any areas of improvement found. Along with this, there were also a number of scheduled audits that the person in charge completed, to include, medication management, fire safety, infection prevention and control and residents' finances. Where any issues were found, there was evidence of prompt response by local management in rectifying these, and there was also good communication maintained with staff about the outcome of these audits and reviews.

Regulation 14: Persons in charge

The person in charge held a full-time role and was based at the centre. They knew the residents' needs very well and were also aware of the operational needs of the service. They were supported in their role by their line manager and staff team. This was the only designated centre operated by this provider in which they were responsible for, and the provider had ensured they had the capacity to effectively manage the service.

Judgment: Compliant

Regulation 15: Staffing

This centre' staffing arrangement was subject to on-going review, and there was a consistent staff team working in the centre. Staff knew the residents' very well and were confident in their roles and responsibilities for caring for these residents. There was a clear staff roster maintained, that identified the names of staff, and their start and finish times worked at the centre. Where additional staffing resources were required, the provider had arrangements in place for this. Prior to this inspection, there was a staff vacancy identified, which had been filled by the provider through successful recruitment.

Judgment: Compliant

Regulation 16: Training and staff development

There was effective staff training arrangements in place in this centre, and all staff had received the training they required appropriate to their role. Where refresher training was required, this was scheduled accordingly by a member of management. Staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced to meet the needs of the service, as set out in the statement of purpose. There were clear internal communication systems in place, whereby, the person in charge held monthly meetings with their staff team to discuss resident related care issues. Regular management meetings were also occurring, which allowed for more operational matters , relevant to this service, to be reviewed and discussed. There was clear oversight maintained of the quality and safety of care, with six monthly provider-led visits occurring, along with a number of other internal audits. The areas that were being reviewed were relevant to the service residents received in this centre, and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in the centre, which contained all information as required by the Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, review, response and monitoring of all incidents occurring in this centre. They had also ensured all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident-led service, with residents' wishes, assessed needs, preferences for social engagement and capacities informing the centre's daily schedule. There was good examples found of where residents' were consulted with about their care and on the operations of their home. It was also clear from inspector's interactions with staff and local management, that they understood how to care for the specific needs that these residents were assessed with.

In the weeks prior to this inspection, the centre experienced an increase in safeguarding related incidents. These were reviewed by local management, referred to the designated officer for review, which had resulted in implementation of a new safeguarding plan, and also the review of a previous safeguarding plan which was still relevant to care. These plans were reviewed by inspectors, and gave clear guidance on the specific safeguarding measures that were to be adhered to, and the staff who spoke with the inspectors had very clear knowledge of these plans.

Due to the aging profile of some residents, there was recognition by local management and staff, of the importance of maintaining residents' assessments and personal plans under regular review, to ensure timely identification of any changes in their assessed needs. This was working well in this centre, and was supported by a key-working system, that was regularly overseen by the person in charge. There were also similar good practices observed in relation to positive behaviour support and restrictive practice management, which were areas that were often subject to multi-disciplinary review.

Good fire safety was also practiced, with multiple fire safety systems in place, which were subject to regular checks to ensure they were effectively operating. Fire drills

were regularly carried out, and records of these clearly showed that staff could support these residents to safely evacuate. There was also good implementation of the provider's risk management systems, which had allowed for risks to be quickly identified and responded to. For example, as previously mentioned, the centre had recently experienced two safeguarding related incidents within a short timeframe, and had responded to these with effective control measures, that at the time of this inspection, had maintained residents' safe from harm. Along with regular oversight of this being maintained by the provider to monitor for this, this process was also supported by a clear risk assessment, which the person in charge maintained under regular review with their line manager.

Social care was a fundamental aspect of the service delivered to these residents. From the inspectors' review of residents' finances, it was obvious that these residents often got out and about to go shopping, to eat out, and to avail of various local amenities. The provider had adequately resourced this centre, to ensure the supports were available to these residents to allow them to be as active in their local community as they wanted to be. Staff also strived to provide residents with meaningful activities, ensuring that any information relating to upcoming local events and concerts, was displayed in the kitchen and dining area for residents. Residents' meetings were also maintained regular and relevant to any issues arising within their home, and effectively used to gather residents' thoughts and feedback on the service they received.

Regulation 12: Personal possessions

The provider had ensured each resident had access to their own bank account, and that arrangements were in place for staff to support residents to access their monies, when they wished to. The resident's individual key workers conducted monthly audits of both cash and cashless transactions which safeguarded their finances. Residents were also supported to assist with doing laundry duties, if they so wished. Residents were also provided with space to store and maintain their own personal property, clothes and possessions.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured these residents were provided with regular opportunities to get out and about to enjoy the activities that they liked to do. Adequate staff support and transport arrangements were in place to facilitate this. Each resident attended day services during the week, and were supported in the evening times and at weekends by staff, with regards to the rest of their recreational time. Some residents had overnight stays with family, and were supported by staff in preparing

for this. There was multiple information made available to residents with regards to upcoming local events, and there was good planning practiced in this centre to ensure residents were facilitated to attend any concerts or events that they wanted to go to.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one large two-storey house located on the outskirts of a town in Co. Galway. The house was well-maintained, clean and comfortably furnished. Since the last inspection, the provider had completed a number of upgrade and refurbishment works, which had greatly enhanced the overall appearance of the centre. At the time of this inspection, the provider had further plans to make improvements to the rear garden area. Where any maintenance was required to this centre, the provider had a system in place for staff to report this to be rectified.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available in this centre, which contained all information required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management systems were effectively used in this centre to respond to risk. Where incidents were reported, there was a quick response to these, to ensure residents were kept safe from harm. Team meetings and handovers were utilised to ensure all staff were made aware of new risks, and of any control measures that were to be implemented. There was also regular communication maintained between members of management in relation to these matters also. The person in charge maintained a risk register for the service, and they had ensured this was regularly updated to demonstrate what actions had been taken in response to specific areas of risk relating to this service.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had effective fire safety systems in place, to include, fire detection and containment arrangements, emergency lighting was fitted throughout, fire exits were maintained clear, and all staff had received up-to-date training in fire safety. Fire drills were regularly occurring, and the records of these reviewed by inspectors, gave assurances that staff could support these residents to evacuate the centre in a prompt manner. There was clear guidance available to staff with regards to the support that each resident would require, should an evacuation be necessary. For example, it was clearly documented that the use of verbal prompts and use of sign language would be required in order to support two particular residents to evacuate.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had clear procedures in place for this centre, to ensure the safe prescribing, administration and storage of medicines. Medicines were dispensed from blister packs, with clear information available to staff, so as to identify each medicine contained within the pack. Two residents' prescription records were reviewed by inspectors and these were found to be clearly written, and administration records were well-maintained by staff. All medicines were safely stored, and at the time of inspection, there were no residents taking responsibility for their own medicines. There was good oversight maintained of this aspect of service, with monthly medication audits being carried out.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were re-assessed on a regular basis, and there were clear personal plans in place to guide staff on how to support residents with their assessed needs. Two residents' files were reviewed as part of this inspection, and these had clear evidence that their assessments were reviewed on a regular basis, to update on any changes required to their care. There was also evidence of residents being involved in decisions around their care, which was largely attributed to the key-working arrangement that was in place to support them with this. Since the last inspection, a resident transitioned to this centre and inspectors were told that they settled in well into their new home. At the time of this inspection, there were no further transitions

to, or from, this centre identified.

Judgment: Compliant

Regulation 6: Health care

Although residents' health care needs in this centre were minimal, the provider had adequate health care arrangements in place in this centre. The service had access to a variety of allied health care professionals, as and when required. Residents were also supported by staff to attend GP appointments, as scheduled. This aspect of care, was routinely assessed for and staff were aware to raise it with members of local management, should any changes be identified to residents health care status.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were residents assessed with positive behavioural support needs, and the provider had adequate arrangements in place for this. Two behaviour support plans were reviewed by inspectors, and these were found to contain good detailed information around the proactive and reactive strategies that were to be implemented by staff. Where any behavioural related incidents occurred, there was also evidence that staff ensured that these were reported, to inform multi-disciplinary reviews. There were some restrictive practices in place, and there were clear records maintained in the centre in relation to these, and these were also subject to regular review, to include, the use of chemical restraint. Two protocols in relation to these were reviewed by inspectors, and were found to give clear guidance to staff on the rationale for administration, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

The provider had clear procedures in place, to ensure staff were guided on how to identify, respond and monitor for any concerns relating to the care and welfare of residents. There were two safeguarding plans in place at the time of this inspection. Staff were aware of these plans, and were aware of the safeguarding measures that were to be implemented, in order to protect residents from any harm. At the time of this inspection, these measures had resulted effective in ensuring no further

incidents of similar had re-occurred, and were being maintained under very regular review by management. All staff had also received up-to-date training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, this was a centre that very much promoted the rights of residents, and carried out resident care in a dignified manner. In the month prior to this inspection, all staff had received training in residents' rights. There was various information available to residents in the centre in relation to advocacy service, and with regards to making a complaint. Residents' meetings were happening each week, where residents were asked about their thoughts on planning for the week ahead. These meetings were also used to discuss with residents topics that were relevant to the operation of their home. For example, inspectors observed that safeguarding was recently discussed with residents at these meetings, to ensure residents knew what to do, if they felt in any way unsafe in their home.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant