



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

Issued by the Chief Inspector

Name of designated centre:	Riverside Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	04 October 2021
Centre ID:	OSV-0005749
Fieldwork ID:	MON-0033792

About the designated centre

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

The centre is located in a town in Co. Galway and provides residential and respite care for up to seven male and female residents, who are over the age of 18 years. The centre is comprised of four self-contained apartments, two of which are single occupancy and, two residents share the remaining apartments. Generally there is a maximum of five residents present in the centre at any one time. The model of care is social and the staff team is comprised of social care workers and care assistants. Responsibility for the daily management and oversight of the service is delegated to the unit director who is the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 2015 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 4 October 2021	10:45hrs to 16:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

From what the inspector read, observed and was told, this was an effectively managed and overseen service where residents were enjoying a good quality life and, were active participants in the support and care provided to them.

This inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. These measures included the use of a face-mask, regular hand-hygiene, maintenance of a safe physical distance and, limiting the amount of time spent with residents and staff. The inspector had the opportunity to visit each apartment and, to speak with three of the four residents in receipt of a service on the day of inspection.

While divided into four apartments, the centre operated as one unit but residents could if they wished, secure their individual apartments. Each apartment presented as slightly different as they reflected the needs and interests of the residents living in them. Overall, the premises was in good condition but areas would have benefited from some minor refurbishment and redecoration. The inspector saw that the provider had installed a means of external ventilation to one bedroom; this had been requested at the time of the last HIQA (Health Information and Quality Authority) inspection. There was good provision of doors fitted with self-closing devices designed to contain fire, in addition to the provision of a fire detection and alarm system and, emergency lighting. However, the provider did need to review its fire evacuation procedures including the frequency of simulated drills.

The conversations with each resident while relaxed and general in nature readily informed these inspection findings. For example, the inspector noted the very easy rapport between the person in charge and residents. One resident told the inspector that he could say if he was not happy and, the person in charge was their "number one" go to person. Narrative records seen by the inspector of the daily support and care provided confirmed that residents spoke to staff, residents were consulted with, listened to and, had choice and control in their daily lives. If residents had concerns or worries, these were recorded and reported by staff and, acted on. For example, the provider had supported residents and, reconfigured their living arrangements since the last HIQA inspection. This was done where residents' needs and interests were different and, not best suited to a shared living arrangement. Residents told the inspector that they were happy with their current living arrangements.

It was evident that resident choice and control was respected. For example, this inspection was unannounced and, the person in charge told the inspector that she had contacted residents who had left for their day service, to establish that it was ok for the inspector to see their apartments. One resident did not wish to meet with the inspector and this was respected. One resident was at home as they had retired from their day service. This resident had a good chat with the inspector and confirmed that it was their own decision to retire from the day service. The resident

discussed their interest in home decoration and, discussed their trip with staff to a large supplier of home interior wares. The resident confirmed that they had purchased what they themselves wanted. This apartment was a shared apartment but the recent provision of a additional sitting room gave both residents the choice of personal time and space. The resident enjoyed maintaining the garden that was shared by all residents and, it was a very pleasant and welcoming space. Having reviewed the personal plan, the inspector found good alignment between the plan and the resident's description of their daily life and routine, their interests, and, their personal goals and objectives.

There was some discussion of COVID-19 and, the difficulties and changes that this had brought to residents lives such as the cessation of day services and, the general closure of community services and amenities. One resident told the inspector that they had followed the advice of staff so as to stay safe, had availed of vaccination and, was re-engaging with society and life in general. Day services had recommenced and, residents had enjoyed an overnight trip away from the centre supported by staff. Visits to the centre and to home were facilitated. The provider had controls to prevent the accidental introduction of COVID-19 to the centre and, plans for responding to any suspected or confirmed COVID-19.

There was some planned staff absence, however, new staff had been recruited and recruitment was ongoing. Adequate staffing levels were maintained and, some staff had worked in the service since it commenced operation. While residents attended off-site day services, the evening staffing levels supported individual or group, community activities and engagement. One resident spoken with was looking forward to having a meal out with peers later in the week. There were periods when the centre was not staffed on the basis of a completed risk assessment. Controls included the assessment of resident skill and ability to use the phone to contact staff if needed and, to evacuate the building if the fire alarm system was activated. The resident told the inspector that they were content. The person in charge described how they actively monitored this arrangement to ensure it was suited to all of the residents needs including their need for interaction and engagement.

In general, the provider had good arrangements for identifying, assessing and managing risks but the inspector did find some inconsistency in the review of risk assessments.

The inspector did not meet with any representatives but saw that they were invited to provide feedback on their experience of the service. This feedback was used by the provider to inform their annual review of the service. The feedback on file was positive.

In summary, this was a good person-centred service where residents had the support and the independence that they needed and wanted, where they were safe and, enjoyed a good quality of life. Some minor improvements were needed. The next two sections of this report present the findings of this inspection (including the improvement needed) in relation to the governance and management arrangements in place in the centre, and how these arrangements ensured and assured the quality

and safety of the service being delivered.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced to deliver on its stated objectives. The provider was effectively collecting and using data to assure and, improve the quality and safety of the service provided to residents. Overall, the provider demonstrated that it had the arrangements in place needed to ensure that residents received a safe, quality service. However, some improvement was needed in the oversight of risks and, in the centre's evacuation procedures.

The person in charge was responsible for the day-to-day management and oversight of the service. It was evident from the inspector's interaction with the person in charge that the person in charge understood their responsibilities, was consistently involved in the administration and oversight of the service and, committed to ensuring that each resident received a safe, quality service. The person in charge worked some frontline shifts each week and, discussed the benefit of this with the inspector such as the direct access to residents and, the opportunity to provide support as set out in the residents' personal plans. The latter supported effective review of the plan and its effectiveness or not. The person in charge was satisfied that they had the support that they needed to ensure that they could effectively manage. For example, the person in charge utilised the skills and experience of the staff team by delegating specific responsibilities to them such as oversight of medicines management practice. The person in charge confirmed that they had access as needed to their line manager. Regular meetings with the senior management team had commenced at the start of the pandemic and continued. The person in charge found these were a good and supportive resource for unit managers.

The inspector saw that regular oversight was maintained of areas such as medicines management and, the occurrence of any accident or incident. Regular team meetings were held. The person in charge advised the inspector that they completed formal supervision with staff, and these were all up to date. The inspector saw that the quality, standards and compliance department also had input into the oversight of the quality and safety of the service. For example, data from the findings of internal reviews and HIQA inspections, in addition to guidance and assessment tools issued by HIQA, were shared across services so as to promote learning and compliance. The provider was completing the annual review and the six-monthly reviews of the service as required by the regulations. The reviews were on schedule, utilised comprehensive lines of enquiry and, sought feedback from residents, staff and representatives. Each review had an associated quality improvement action plan but overall a good level of compliance was found during these internal reviews. Day-to-day oversight and, these reviews did effectively

monitor and improve as needed the quality and safety of the service. For example, oversight and review had established that some residents did not live compatibility together; this was addressed.

As discussed in the opening section of this report there were some planned staff absences. Staffing levels were maintained however and, the staff rota was planned to early 2022. Based on the information available to the inspector such as the assessment of resident needs and abilities and, any associated risks, staffing levels and arrangements were suited to the number and needs of the residents who availed of the service. This included any increased supervision needed for example, for residents to have safe access to their community.

It was somewhat difficult to extract from the records in place, details of the training completed by staff. This was discussed with the person in charge as was how these records could be improved. However, in consultation with the person in charge the inspector concluded that staff attendance at mandatory, required and desired training was complete. Staff had also completed training in hand hygiene, putting on and taking off personal protective equipment and, infection prevention and control training. The person in charge was aware of any refresher training that was due and this was scheduled.

The inspector saw that the complaint procedure was prominently displayed; records seen confirmed that residents knew how to complain and, who to complain to. There was good documentary evidence that residents were consistently consulted with and, their views both positive and not so positive were listened to. Internal reviews monitored the receipt and management of any complaints received. The provider had resolved any complaints that it had received. The person in charge described to the inspector how she monitored resident well-being to ensure that they were not adversely effected by any complaint made, for example when the matter that arose was amongst peers.

Regulation 14: Persons in charge

The person in charge worked full-time and, had the qualifications, skills and experience needed for the role. It was evident from records seen and, from discussion with the person in charge, that they were consistently and effectively engaged in the management and oversight of the service. Residents were noted to be very comfortable in approaching the person in charge with their concerns and queries.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels, arrangements and, skill-mix were suited to the number and assessed needs of the residents. A planned and actual staff rota was in place showing each staff on duty and, the hours that they worked.

Judgment: Compliant

Regulation 16: Training and staff development

Staff attendance at training was monitored. Staff had completed all mandatory, required and desired training.

Judgment: Compliant

Regulation 23: Governance and management

This was a well-managed and overseen service. The focus of management was the provision of a safe, quality service to residents. The management structure operated as intended by the provider and, as set out in the statement of purpose and function for the service. The service was consistently monitored and, the data collected was used to improve the quality and safety of the service.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the centre and, discussions with the person in charge, there were arrangements that ensured HIQA was notified if certain events had occurred. For example, the use of any restrictive intervention.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaint management procedure that was made available to residents. Staff provided any support residents needed to progress their complaints.

Judgment: Compliant

Quality and safety

The inspector found that this was an individualised service where the support provided reflected the assessed needs, abilities, choices and, differences of each resident. Residents enjoyed a good quality of life closely connected to family and, to their local community.

The inspector reviewed one personal plan in detail and aspects of another. The inspector saw that the resident was consulted with and, had good meaningful input into their plan and, the review of the plan. The plan was framed around the residents own vision for their goals and objectives in life. The interests and daily routines described to the inspector by a resident reflected the stated vision for the plan and, confirmed the progression of the goals identified by the resident as important to them.

The personal plan included the assessment of residents' healthcare requirements and, details of the care needed to ensure that residents enjoyed good health. The overall review of the personal plan included medical review of resident health and well-being. Staff monitored resident well-being and, this included monitoring for any signs of COVID-19 illness. However, the inspector did note that it had been some months since a resident had been weighed. This was highlighted to the person in charge and, is discussed below in the context of risk management. Staff did ensure that residents had access to the services that they needed including their General Practitioner (GP), psychology, chiropody and, optical care. Where appropriate residents could manage aspects of their healthcare such as liaising with their GP. The inspector did not review the cycle of medicines management in its totality. However, the inspector saw that the use of medicines and their effectiveness was reviewed when reviewing overall resident well-being. Staff had completed training and, there were clear protocols guiding the administration of emergency and high alert medicines (medicines that have an increased risk of causing harm to a patient in the event of an error).

The person in charge maintained a register of risk assessments. The sample of risk assessments reviewed by the inspector reflected the assessed needs and abilities of the residents and, the general operation of a designated centre. As stated previously, the identification and management of risks ensured that residents were safe but also ensured that a resident could safely experience independence in their home and in their routines. The controls described and observed were reasonable such as the use of a keypad to secure the overall premises and, the individual apartments if residents choose. The potential restrictive dimension of the keypads was recognised and managed as a restrictive practice. The control of risk was regularly reviewed. However, despite this regular review the inspector noted some inconsistency between the risk assessments and, the practice observed and described. For example, there was a door alarm in place and cited in the risk

assessment as a control, but the person in charge advised that it was no longer in use. There was a rationale provided for the gap in the frequency of weighing as mentioned above, but the risk of the gap to resident well-being (given that there was some weight loss) was not assessed. While the person in charge described oversight and actions that was assuring, a safeguarding risk assessment had not been updated to reflect the altered and current living arrangements of one resident.

While this improvement was needed the inspector was assured that resident safety was actively managed and promoted. This included ensuring that residents were safe from abuse and harm in their home particularly if their needs were not compatible. Residents were listened to if they raised concerns. The internal reviews monitored the progress of actions taken in response and, there was documentary evidence that concerns were reported and advice was sought from the designated safeguarding officer.

While doing this, the individuality of residents, the nature of their disability and, their differing needs was respected and promoted. This was reflected in the overall operation of the service. For example, the additional living space in the shared apartment as referred to in the opening section of this report. It was also evident in the management and securing of resident's personal belongings where an apartment was used by two residents on a shared care basis. Residents were free to express their interests, personalities, spiritual and political beliefs in their home. Residents had reasonable choice and control for example in relation to their meals, choosing to retire from their day service and, in choosing their activities and interests. For example, one resident had opted to engage in an adult educational class but subsequently found that they did not enjoy it; the resident controlled the decision not to re-engage with the programme.

The provider had policy, procedures and practice informed by national guidance to protect residents from the risk of infection including COVID-19. The provider continued to monitor staff and resident well-being. Staff had completed the required training and, residents were communicated with about the risk and, how to stay safe. All residents had availed of vaccination and, one resident told the inspector that he had been offered and, was going to take his booster vaccine. Stocks including disposable hand-towels and hand sanitising products were delivered on the day of inspection. These were seen to be readily available in each apartment and, staff on duty wore their face mask.

However, while visibly clean and in overall good condition the inspector did note some areas of the premises would have benefited from some minor maintenance and redecoration. For example, there was a missing protective shade in one bathroom light-fitting, a radiator with some evident rust and, some areas of defective paintwork.

There was evidence of good fire safety practice but the provider did need to review its procedures for testing and reviewing the adequacy of its evacuation procedure. As stated in the opening section of this report measures such as a fire detection and alarm system were in place and, there was documentary evidence that these were tested and inspected at the required intervals. Staff also completed regular checks

and, there was evidence of corrective action taken when issues arose. For example, when a fire door was not closing correctly. There was a centre evacuation plan and each resident had a personal evacuation plan. All residents were reported to respond to the alarm or a request to evacuate. However, to date this year there had only been one simulated drill and, there was one planned. This was not in line with the providers own policy which stated that the timeframe between drills should not exceed an interval of four months. Difficulties had arisen during the completed drill as the key-pads had not released causing some delay. The person in charge assured the inspector that this was now addressed but this was not evident from the review of the drill or, the fire safety risk assessment.

Regulation 11: Visits

The process of risk assessment and, the implementation of reasonable controls ensured that visits to the centre and to home were safely facilitated.

Judgment: Compliant

Regulation 13: General welfare and development

Residents received appropriate care and support based on their assessed needs and abilities and, their expressed wishes. This support included opportunity to be meaningfully occupied, visible and, included in their local community. The provider had, during the period when day services had ceased, provided day services to residents in their apartments. Residents were supported to maintain their relationships with family and friends.

Judgment: Compliant

Regulation 17: Premises

While in overall good condition the inspector did note some areas of the premises would have benefited from some minor maintenance and redecoration.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk was identified and its control was regularly reviewed. However, despite this regular review the inspector noted some inconsistency between the risk assessments and, the practice observed and described.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There was evidence of infection prevention and control practice based on national and local policy and guidance. The provider had contingency plans for responding to any suspected or confirmed COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The scheduling of simulated drills was not in line with the providers own policy. The review of simulated drills did not adequately demonstrate what corrective action was taken when difficulties arose during the drill.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The personal plan was current and, was based on the assessment of resident needs, abilities and wishes. Residents had good input into their plan. The plan included the residents' personal objectives for the coming year, the time-frame for their completion and, the staff member responsible for progressing each goal.

Judgment: Compliant

Regulation 6: Health care

Staff monitored resident well-being and ensured that residents had access to the clinicians and services needed. There was a health promoting ethos to the care provided and residents had access to vaccination and, national screening programmes. Regular review and blood-profiling monitored the impact and

effectiveness of prescribed treatments.

Judgment: Compliant

Regulation 7: Positive behavioural support

Based on these inspection findings the support provided was therapeutic and, residents enjoyed routines with minimal restrictions on their choices and routines.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures. All staff had completed safeguarding training. There was documentary evidence that staff reported any concerns and, the provider exercised its responsibility to ensure that residents were protected from harm and, felt safe in their home.

Judgment: Compliant

Regulation 9: Residents' rights

This was a very individualised service where the support provided was suited to each residents ability, needs and choices. Residents were consulted with in relation to the service and support to be provided. Residents could express their views, choices and, their beliefs such as their religious beliefs were respected. Reasonable controls ensured that as appropriate, residents enjoyed independence, choice and control in their home and, in their routines.

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 - 2015 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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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

Compliance Plan for Riverside Services OSV-0005749

Inspection ID: MON-0033792

Date of inspection: 04/10/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Following the inspection, the protective shade on the light fitting was replaced, the rust on the radiator was cleaned and repainted and one resident has since chosen his preferred colour paint for his apartment and a request has been submitted to the facilities manager to carry out this work as a matter of priority. This will be completed by November 15th. This resident has also been supported to choose some new pictures and prints for his apartment.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC has undertaken a full review of the Risk Register and associated risk assessments. This was completed on 16th October and now accurately reflects current risks within the service and the control measures in place to mitigate against same.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire drill was completed on October 16th following the HIQA inspection and forwarded to the Quality and compliance Department for feedback on same. The corrective actions from the previous fire drill have been documented in more detail. This was completed on October 16th.</p> <p>The PIC has undertaken a review of the fire evacuation procedures and a schedule of fire drills has been put in place. This will ensure that fire drills are completed in a timely manner going forward and within timescales outlined in our own organisaitonal procedure.</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 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	15/11/2021
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	16/10/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	16/10/2021

	that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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