Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	24 January 2024
Centre ID:	OSV-0005749
Fieldwork ID:	MON-0042165

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 person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 January 2024	09:30hrs to 15:00hrs	Mary Costelloe	Lead
Wednesday 24 January 2024	10:00hrs to 13:00hrs	Aonghus Hourihane	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out following the receipt of a representation and compliance plan submitted to the Chief Inspector of Social Services following the issuing of a notice of proposed decision to cancel the registration of this centre. The notice of proposed decision to cancel the registration of this centre was issued as the registered provider had failed to ensure that the designated centre was being operated in accordance with the requirements of the Health Act 2007 (as amended), the 2013 Regulations and the Standards.

The findings from this inspection indicated that the provider had largely implemented the compliance plan submitted following the inspection of 12 October 2023. While there were substantial improvements noted in many areas including records, fire safety management, infection, prevention and control and the suitability of the premises, further improvements were still required to governance and management, staffing, risk and medicines management. Improvement works completed to the premises had resulted in positive outcomes for residents particularly in relation to their rights for privacy in using their own personal space. However, there were still ongoing incompatibility issues between two residents and the current living arrangements continued to impact on these residents rights and quality of life.

The inspectors met and spoke with staff members on duty, the person in charge and local manager. At the time of inspection, there were four residents living in the centre. Staff advised that there were a maximum of five residents accommodated, four residents availed of full-time placements while two other residents availed of respite services on alternative weeks. All residents with the exception of one attended local day services during the weekdays. On the morning of inspection, a resident had already left to attend their day service, one had left to attend a medical appointment with the support of staff, another was staying with family and one resident was in hospital. Another resident was relaxing in their apartment as they had retired and decided on their own routine during the day. The inspectors met and spoke with this resident during the inspection.

Riverside services is a large detached building containing four separate self-contained apartments.Two apartments are located on each floor, two apartments are for single occupancy, one is shared by two residents and the other used by respite residents who attend on alternative weeks. The apartments were warm, comfortable and furnished in a homely style. Apartments were personalised and reflected the interests of the residents living there. Works had been completed to a first floor apartment which included a new fitted kitchen, appliances and clothes dryer. The shower room had been fully redesigned and upgraded to include an accessible wet room style shower. The bedroom had been redecorated and new wardrobes had been fitted to accommodate a larger bed. The entire apartment along with other areas of the centre had been repainted. Residents living in the first floor apartments could now access the garden areas without infringing on the

privacy of residents residing on the ground floor. A new keypad lock system had been provided to the side gates so that residents could access the garden areas to the rear of the house.

The centre was found to be well maintained and visibly clean. There were improved systems in place for cleaning and disinfection of the centre and equipment used by residents. Cleaning equipment was now provided and stored in individual apartments leading to improved infection, prevention and control.

The inspector visited one of the residents in their apartment. The apartment was found to be warm, comfortable and decorated to the specific taste of this resident. The resident told the inspector how they liked to relax at home, enjoyed spending time on their own, being independent and sitting in their comfortable recliner armchair. They mentioned how they enjoyed getting out and about most days with the support of staff. They mentioned how they had recently been on shopping trips to the local town and to the city located nearby. They spoke about the recent bad weather and how they choose to stay at home when the weather was wet and windy.The resident confirmed that they had been regularly attending the local health centre where they were receiving nursing treatment for a specific condition. They advised how the condition had greatly improved and that the pain related issues were not as bad recently.They also mentioned that they shared the apartment with one other resident. While the other resident had their own living room, there were times when they were unhappy with having to share the kitchen and dining facilities because they liked to keep the areas clean and tidy. The residents confirmed that weekly meetings took place with residents and that they could raise any concern or issue with staff. They advised that the weekly menu options and choices were discussed.

The providers oversight of the centre needed to be further strengthened. The provider needed to continue to continue to focus on their own systems of governance, ensure these were consistently applied to enhance the quality of the service on offer. The provider further needed to be assured that the centre, which was home to four residents, continued in so far as reasonable possible to meet the needs of residents even when those needs were changing.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives

Capacity and capability

This was an unannounced inspection carried out following the receipt of a representation and compliance plan submitted to the Chief Inspector of Social Services following the issuing of a notice of proposed decision to cancel the registration of this centre.

The provider had made significant capital investment in the centre to address many of the issues with the premises as outlined in previous inspection reports. Local management had implemented new systems of oversight and audit and there was evidence that senior management were visiting the centre on a regular basis.

Staff training records reviewed indicated that staff had completed mandatory training. As a result of poor findings from the last inspection all staff had completed refresher training in infection, prevention and control and in-house training on the workings of the fire alarm system. Staff spoken with were knowledgeable regarding the working of the fire alarm system, the layout of fire compartments and zones in the building and confirmed that they they had been involved in fire evacuation drills. Inspectors observed that new cleaning systems and procedures in place were being implemented by staff and overseen by the person in charge.The person in charge had completed one to one supervision and support meetings with all staff which was used to inform staff training needs.

The local management team had put systems in place to oversee the quality and safety of care in the centre. Recent reviews of infection, prevention and control, fire safety, and restrictive practices had been completed in January 2024. There was now an audit schedule in place with regular reviews planned of other areas including incidents, finances, residents files and medication management.

Weekly team meetings were now taking place with staff. Minutes of recent meetings reviewed showed that topics such as safeguarding, fire safety, infection, prevention and control, staff training, restrictive practices, building maintenance issues and updates on individual residents medical conditions and support needs were discussed. Recommendations and improvements required as a result of recent audits were also discussed with staff to ensure learning and bring about improvement to practice. The area manager and member of the senior management team had attended some recent team meetings.

The provider had still significant work to complete to ensure compliance with the regulations. The provider did not have a report available on its six monthly visit and didn't carry out an annual review which would have involved residents and their families during the period since the last inspection.

The provider did invest capital in the premises however these changes did not ultimately address the issues of suitability and compatibility within the centre. The premises were still unsuitable for one resident and the rights of two other residents were impacted due to compatibility. The provider needed to urgently review the type of service it was able to provide in the context of its premises and ensure that all plans going forward focused on the rights of the current residents and the likely fact that their needs were going to change and the service needed to be able to be agile to respond appropriately to these changing needs.

Regulation 14: Persons in charge

The provider had appointed a person in charge and although a recent appoint they had good knowledge of the service and the service users. They were also person in charge over one other designated centre. They had received a good level of support from their line manager and were implementing new systems and procedures to ensure the service came into compliance with the regulations.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had implemented new staffing rotas since early December 2023. The new system was more transparent and was in the process of bedding in. There were still some issues with gaps noted in the actual rota for December 2023. The provider continued to face challenges with securing adequate relief staff for the centre to account for illness cover and annual leave. The provider was actively recruiting for its services across the region.

The service was presently not operating on a 24-hour roster. In the compliance plan the provider stated that the person in charge and team leader were allocated certain administration hours. In reality these administration were often interrupted by the demands of the day to day operations of the service. The provider needed to be cognisant about the changing needs of the residents as they age and satisfy itself on an ongoing basis that its staffing arrangements continue to meet the daily needs of the residents while also ensuring that the service was governed appropriately.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training in various aspects of infection control, administration of epilepsy medication, feeding, eating and drinking guidelines had also been provided to staff. All staff had completed refresher training in infection, prevention and control as well as training on the workings of the fire alarm system and fire zones in the building since the previous inspection.

The person in charge had systems in place to ensure oversight of staff training and had identified and scheduled refresher training for staff as required.

The person in charge had not yet completed all training in line with that set out as part of the induction programme and compliance plan submitted. They advised that they were still due to attend training on medicines and risk management. This impacted upon the oversight of medication and risk management in the centre, for example, they had been unable to complete a review of medication management practices in the centre.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors noted many improvements to all records reviewed. Records were found to clear and accessible. Inspectors reviewed a sample of residents files and noted clear records in relation to nursing and medical care provided. There were new templates that provided up-to-date records of residents medical treatments, progress notes and further appointments.

Judgment: Compliant

Regulation 23: Governance and management

Robust oversight arrangements are fundamental to the provision of quality and safe care. The inspectors found that the governance and management arrangements in this centre had improved since the last inspection. The provider had made good progress with the implementation of its compliance but there were fundamental issues pertaining to governance and management that needed further work.

One of the reasons the Chief Inspector issued a proposed notice to cancel the registration of the designated was the inability of the provider to recognise and respond appropriately to the changing needs of residents. The provider had consistently failed to resource the centre, failed to be responsive and failed to ensure that the centre was suitable for the purposes of meeting the needs of each resident. The inspectors continued to have concerns about the providers fitness in this area. On the day of the inspection there was one resident that was unable to return to live in their home due to the suitability of the premises, an issue that was consistently raised with the provider on previous inspections.

The provider had submitted a representation to the Chief Inspector in response to the notice of proposed decision to cancel the registration. the inspector learned on the day of the inspection that neither the person in charge or their line manager had seen a copy of the representation even though they were responsible for the day to day operation of the service.

The provider informed the inspectors that a six monthly visit to the centre was completed in December 2023. The written report for this visit was not available in the centre and inspectors were informed it was not ready. The last annual review of the service was in 2022 and inspectors had previously raised concerns about the quality of this. These are important governance tools for all providers and they are requirements of the regulations. The inspectors found that the lack of an annual review and six monthly visit report meant the provider had missed a key opportunity to involve residents and their families and to get their feedback about the changes they were making.

Inspectors had concerns about the processes and systems in place to oversee all aspects of medication management in the centre. The provider needed to assure itself of the quality of those process especially in the context of a centre where their were changing needs of residents.

Judgment: Not compliant

Quality and safety

The provider's investment and improvement in governance and management systems had a positive effect overall on the quality and safety of the service on offer to residents. Improvements carried out to the premises had a positive impact on the rights, privacy, dignity and choice for all residents who resided in the centre.

Further oversight and improvements were required to ensure the safe administration and storage of medicines. A review of a sample of prescription and administration charts showed that some prescribed medicines had not been administered as prescribed. There were no codes recorded outlining the rationale for the non administration of same. While the inspectors noted that medicines were securely stored in a locked cupboard, a recent audit completed by the pharmacist had identified issues with regard to the appropriate and safe storage of some medicines, these issues had since been addressed. All residents had a choice of pharmacist. There were systems in place for checking medicines on receipt from the pharmacy as well as weekly stock checks on all medicines. The person in charge had yet to complete a medicines management audit in the centre as they were waiting on the provider to facilitate training.

Inspectors observed improvements to fire safety management systems and issues identified at the previous inspection had been addressed. Daily, weekly and monthly fire safety checks continued to be carried out and recorded. All fire equipment and the fire alarm system were regularly serviced. Confirmation had been received from fire servicing contractor to provide assurances that the smoke vent was serviced annually. Regular fire drills were taking place and the person in charge had drafted a schedule of up coming fire drills and had systems in place to ensure that all staff and residents were involved in completing a fire drill.

There were improvements noted in residents records and access to medical professionals. Residents now had separate health charts which evidenced various health interventions and allowed the provider to have a clear and concise chronology of health interventions.

Inspectors observed that new systems and practices were in place for all matters pertaining to he management of infection prevention within the centre. The centre presented as visually clean and there was written evidence in place to show that staff were operating the new procedures.

Regulation 17: Premises

The findings from the inspection were that the provider had addressed the issues identified in the last inspection in line with compliance plan submitted.

Extensive refurbishment of first floor apartment had been completed in order to better meet the needs of the resident who was living there. Improvement works included a new fitted kitchen, appliances and clothes dryer. The shower room had been fully redesigned and upgraded to include an accessible wet room style shower and raised toilet. The bedroom had been redecorated and new wardrobes had been fitted to accommodate a larger bed. The person in charge advised that a new bed had been ordered and was waiting on delivery. The entire apartment had been repainted.

A new keypad lock system had been provided to the side gates in order that residents living on the first floor could access the garden areas to the rear of the house without impacting on other residents. Staff spoken with advised that residents had been shown how to access and use the key pads.

Other areas of the centre had recently been repainted and there were further plans to refurbish another first floor shower room.

Defective walls to the ground floor shower room as identified during the last inspection had been suitably repaired.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had significantly overhauled its risk management processes within the centre since the last inspection. There was a new risk register and a system in place

to assess and manage risks in the centre.

There were some minor improvements needed with the new system to ensure that there was accurate risk rating and further to ensure that the controls measures in place were reasonable and proportionate.

The provider had not as yet provided 'risk management' training to the person in charge as outlined in its compliance plan. The provider needed to continually ensure that 'risk identification' within the centre was promoted. During the course of the inspection it became apparent that not all staff administered medication. There were times when non administering staff worked alone in the centre and they would not be in a position to administer medication should any resident need assistance. The provider was aware of the situation but this was not identified as a risk and as such there were no written protocols or directions to staff as a control to this risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspectors noted that issues identified at the last inspection had been addressed. The local management team had put systems in place and had adapted procedures consistent with the National Standards for infection prevention and control in community services to ensure that residents were protected from infection.

There was a comprehensive cleaning manual to guide the cleaning and disinfection of all areas and equipment in the centre. Written protocols had been put in place providing clear guidance for staff on the cleaning and maintenance of individual items of medical equipment.

There were new cleaning colour coded cleaning systems in place as well as a new flat mop floor cleaning system. All apartments had been provided with individual cleaning equipment which was found to be stored appropriately. There were individual cleaning checklists in each apartment which had been consistently completed by staff.

All staff had completed refresher training in various aspects of infection, prevention and control. The inspectors observed that the centre and equipment was found to be visibly clean and staff spoken with were knowledgeable regarding the systems in place.

The person in charge had systems in place to ensure effective oversight of infection, prevention and control in the centre. Regular audits had taken place and indicated satisfactory compliance. Infection, prevention and control had been discussed at team meetings.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors noted improvements to fire safety management in line with the compliance plan submitted.

All staff had been provided with updated specific in-house training on the workings of the fire alarm system and the layout of zones in the building. A new layout plan of of the centre including the location and number of zones were clearly set out and displayed adjacent to the fire panel. The person in charge had requested and received further updated guidance from the fire alarm company and had documented guidance for staff regarding what to do in the event of fire and when completing a fire drill. This updated information was clearly displayed and available in the fire folder. Staff spoken with were knowledgeable regarding the evacuation needs of residents and confirmed that they had taken part in fire drills. Residents individual PEEP'S (Personal emergency evacuation plans) had been recently updated. Records of recent fire drills reviewed provided assurances that residents could be evacuated in a timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were required to ensure that the provider had systems in place for the safe administration and storage of medicines. The inspector reviewed a sample of prescription and administration charts and noted some prescribed medicines including prescribed ointments, gels and creams had not been administered as prescribed for several weeks. There were no codes recorded outlining the rationale for the non administration of same. Some of these prescribed medicines were still clearly being administered by staff. Staff spoken with outlined the rationale for the non administration of others, however, the prescription charts had not been updated to reflect that these medicines were no longer required as described by staff. The person in charge had not identified these issues, reporting that they had yet to receive training being facilitated by the provider and therefore were not in a position to yet complete a medication management review in the service. They reported that a pharmacist had recently completed an audit and had identified issues relating to storage of medications. Recommendations made as a result of the audit including appropriate storage of some medicines and the returning of other medicines to the pharmacy had been completed. Some staff had completed training in the administration of medicines, however, there were times during the day when there were no staff on duty who had completed this training. This posed a risk to residents. For example, a resident may require medicine for pain relief prescribed on

a PRN 'as required' basis during this time.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents files and noted that records maintained were much improved. All files had been recently reviewed and updated. There was an up-to-date assessment of need for each resident. Support plans were in place for all identified issues including specific health care related issues. Support plans were found to be individualised, person centered and provided clear guidance for staff. The documentation reviewed with regard to the wound management needs of a resident were clear and provided up-to-date records of the residents treatments by the local public health nurse, update notes on progress and current status as well as scheduled next appointment. A daily skin integrity check was also in place. There was a pain management plan now in place for a resident who required support in managing pain relating to a specific health care issue. There were also written protocols in place to guide staff in the effective management of specific health care conditions.

However, the needs of one resident had significantly changed since the last inspection and they were presently not in the designated centre. The provider continued to face challenges in ensuring that the designated centre was suitable for the purposes of meeting the needs of each resident. The issue of suitability and compatibility for certain residents living in this centre continues to be central theme and a challenge that the provider needed to address in order to comply with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

From speaking with a resident and staff, as well as a review of some documentation, it was clear that residents had regular and timely access to general practitioners (GPs). Residents had been recently reviewed by the physiotherapist, psychiatrist, public health nurse and dentist. The person in charge had put in place a new health care folder system to ensure that all information relating to visits, appointments and reviews by the GP and other allied health services were easily accessible, provided accurate and up-to-date information regarding each resident.

The person in charge outlined how a new system for the management of referrals to the multi-disciplinary team was now in place. They advised that all referrals were now centralised with the aim that referrals would be prioritised and responded to in

a more timely manner. She outlined how staff had sent a referral for physiotherapy for a resident the day prior to the inspection and were waiting on a response.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements carried out to the premises including the provision of suitable shower facilities in a first floor apartment, the provision of individual clothes dryers to the first floor apartments, the provision for and storage of separate cleaning equipment in each apartment and accessibility to the rear garden areas have had a positive impact on the rights, privacy, dignity and choice for all residents who reside in the centre. However, there were still ongoing incompatibility issues between two residents and the current living arrangements continued to impact on these residents rights and quality of life.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Riverside Services OSV-0005749

Inspection ID: MON-0042165

Date of inspection: 24/01/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Two relief staff have been recruited since the inspection and will be available to the Centre to cover annual leave/sick leave. Both staff commenced induction training the week beginning February 12th 2024. Agency staff are also utilized within the Centre when required. The Person in Charge is reviewing the Rota to ensure that the Person in Charges administration hours and the Team Leaders administration hours are protected weekly. Discussions began with staff about a change to the roster the week beginning February 5th 2024. There is ongoing consultation amongst the team and the proposed new Rota will commence 1st May 2024. The review of the Rota will also ensure that the changing needs of all Residents are met. The regular review of Residents assessment of needs by the Person in Charge and the Area Services Manager on a monthly basis or more frequently if required, ensures that Residents changing needs are identified. Any additional supports required as a response to changing needs are addressed through the relevant Departments with on going review. There are scheduled Service Reviews in place for the remainder of the year. The introduction of a 24 hr Rota will ensure that there is adequate staffing with approprate skill mix to meet Residents needs. The Rota will be kept under review by the Person in Charge and Area Services Manager at monthly meetings to ensure its effectiveness to meet Residents needs as identified in their Assessment of needs.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge completed medication training on the 31st January 2024 and the 1ST of February 2024. The person in Charge is scheduled to complete Risk awareness training 01/03/2024.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Person in Charge and Area Services Manager received a copy of the Representation letter on the 24th January 2024.

The Provider Led Audit report was issued to the Person in Charge on the 25th January 2024. An action plan was completed as part of the Provider Led Audit, identified actions to be taken to address the issues was inputted by the Person in Charge and the Area Services Manager. This was forwarded to the Chief Executive to review and sign off. The Person in Charge and the Area Services Manager are working to ensure all actions are completed by 30th March 2024.

The Person in Charge is currently preparing the annual review for the Centre for 2023 and gathering Residents and families feedback to ensure key learnings for further service improvement. It will be completed by 29/02/2023.

A medication audit has been completed 05/02/2024 by the Person in Charge within the Centre to ensure effective medication management in line with policy. Key learning from the medication audit has been fed back to staff individually and will be discussed at the next team meeting on 6th March 2024. Monthly medication audits within the Centre will be discussed at monthly team meetings and at regular area services meetings going forward.

There is one Resident currently in hospital, a Hospital MDT meeting took place on the 24th January 2024 with the Residents family, members of the residents medical team and the hospital MDT team and Ability West MDT members and Area Services Manager. At this meeting it was agreed that the Centre could no longer meet the Residents needs following discharge. Subsequent discussions took place with the Resident where they also agreed that the Centre would no longer meet their needs. This Resident remains in hospital and once they are deemed medically fit for discharge, a transition plan will then be agreed and actioned with the Resident to transition to another Centre in Ability West that is more suitable to their needs. There is another meeting scheduled for 24th March 2024 in the hospital with all parties detailed above.

Assessment of needs for all Residents will also be reviewed at monthly service review meetings between the Person in Charge and the Area Services Manager

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The risk register has been reviewed by the Person in Charge and the Team Leader to ensure the risk ratings reflect the actual risk within the Centre. This will be reviewed by the Area Services Manager also at regular service review meetings which occur monthly.

Risk assessment in place regarding staff who are not medication trained and lone working of those staff. Protocol in place to inform staff of steps to be followed in the

event medication needs to be administered and they are not trained to do so.

Risk Management will be an agenda item at monthly staff meetings.

The review of the Rota within the Centre, will address the risk in regards to staff on duty who are medication trained. The introduction of a 24 hr Rota in the Centre will ensure that there is staff on duty at all times who are medication trained to support Residents needs. This Rota will be reviewed monthly by the Person in Charge and the Area Services Manager to ensure it continues to meet the identified needs of all Residents in the Centre in line with their assessment of needs.

The Person in Charge will attend the next scheduled risk management training on 01/03/2024.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
A medication audit on 05/02/2024 and a review of medication administration charts has been completed to ensure staff are recording medication as per policy.

The Person in Charge received medication training on 31st January 2024 and 1st February 2024.

The review of the Rota within the Centre, will address the risk in regards to staff being on duty who are not medication trained. New roster has been discussed with staff. In the interim there is a protocol in place for staff who are not medication trained so they know who to contact in the event of medication needing to be administered. There will always be a staff on duty who will have medication training as per the new Rota from 1st May 2024.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
An alternative living arrangement has been sourced for one Resident to meet their significant changing needs.
There is one Resident currently in hospital, a Hospital MDT meeting took place on the 24th January 2024 with the Residents family, members of the residents medical team and the hospital MDT team and Ability West MDT members and Area Services Manager. At this meeting it was agreed that the Centre could no longer meet the Residents needs following discharge. Subsequent discussions took place with the Resident where they also agreed that the Centre would no longer meet their needs. This Resident remains in hospital and once they are deemed medically fit for discharge, a transition plan will then be agreed and actioned with the Resident to transition to another Centre in Ability West that is more suitable to their needs. There is another meeting scheduled for 11th March 2024 in the hospital with all parties detailed above.

Assessment of needs for all Residents will also be reviewed at monthly service review meetings between the Person in Charge and the Area Services Manager

There is an alternative plan to address the compatibility concerns for Residents within the Centre. Planning meetings have commenced within the Centre between the resident, their next of Kin, Person in Charge and the Designated Office. Next meeting is scheduled for 07/03/2024.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: There is an alternative plan to address the compatibility concerns for Residents within the Centre. Planning meetings have commenced within the Centre between the resident, their next of Kin, Person in Charge and the Designated Office. Next meeting is scheduled for 07/03/2024.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/04/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/03/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/04/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	01/03/2024

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	01/03/2024
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a	Not Compliant	Orange	01/03/2024

	copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	30/03/2024
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Not Compliant	Orange	01/03/2024
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration	Not Compliant	Orange	11/02/2024

	of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 29(4)(d)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date. unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended.	Not Compliant	Orange	11/02/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are	Substantially Compliant	Yellow	30/06/2024

	in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/06/2024
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/06/2024