



# 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:	29 April 2024
Centre ID:	OSV-0005749
Fieldwork ID:	MON-0043434

## 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, a one-bedroomed apartment and three, two-bedroomed apartments. 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:

2

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 29 April 2024	09:50hrs to 16:00hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was the second 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. While substantial improvements had been completed at the time of last inspection in January 2024, the purpose of this inspection was to assess progress with the actions and assurances which were submitted as part of the provider's representation and compliance plan. At the time of the last inspection there were still significant outstanding concerns in relation to suitability of the premises for one resident and incompatibility issues with two residents sharing an apartment.

The findings from this inspection indicated that the provider had largely implemented the compliance plan submitted following the last inspection of 24 January 2024. Further improvements were noted in compliance with the regulations and the issues relating to incompatibility had been resolved, with both residents now being accommodated in their own apartments. A resident who had had spent an extended stay in hospital had transferred to another of the providers designated centres following consultation and agreement with the resident and their family in order to meet their increased support needs.

The inspector met with the person in charge, local manager and with two members of staff. At the time of inspection, there were three residents living in the centre who availed of full-time placements while two other residents availed of a respite service and part-time placement on alternative weeks. All residents with the exception of one attended local day services during the weekdays. The inspector met and spoke with one resident on their return from day service, one resident was out and about with the support of staff, another resident was spending time with a family member and there were no residents availing of respite on the day of inspection.

Riverside services is a large detached building containing four separate self-contained apartments with two apartments located on each floor. At the time of inspection, three apartments were being used for single occupancy and the other used by respite and part-time placement residents who normally attended on alternative weeks. One resident had recently moved from a shared ground floor apartment to their own first floor apartment and further works were planned on repainting of the living room walls. The apartments were warm, comfortable and furnished in a homely style. Apartments were personalised and reflected the interests of the residents living there. Further improvement works to the first floor respite apartment were in progress to include a new accessible shower room and therefore respite residents were not being accommodated at the time due to works

taking place.

All residents had access to the garden areas at the rear of the property, residents living on the ground floor could directly access the garden from their apartments, while residents living on the first floor could access the garden via side gates which were now provided with key coded access. The garden area was provided with colourful potted plants and garden ornaments. Some of the residents enjoyed gardening activities and spending time in the garden. Staff informed the inspector that one of the residents had gone on a trip to a local garden centre on the morning of inspection to buy tomato plants and flowers which they planned to plant in the garden.

The centre was found to be well maintained and visibly clean. The improved systems for cleaning and disinfection of the centre and equipment used by residents noted on the last inspection had been maintained. Cleaning equipment was provided and stored in individual apartments.

The inspector spoke briefly with one resident on their return from day service. They told the inspector that they liked their apartment and enjoyed living in the centre. They mentioned how they had enjoyed attending a party and meeting politicians the day previous to celebrate the opening of a new day centre in another part of the county. They also spoke about enjoying watching and attending local GAA sporting events and were looking forward to the upcoming championship matches. They mentioned how they liked to go for walks in the evening and also spending time at home, writing and drawing as well as completing arts and craft activities.

Staff spoken with as well as records and photographs reviewed showed that residents got out and about in the community and attended events and activities of specific interest to each individual. Some residents liked to go for walks or drives, others liked to go shopping. All residents enjoyed eating out regularly. Some had recently attended concerts others had attended religious shrines in line with personal choices. The local management team had identified the need to improve personal care planning documentation to reflect each residents individual personal goals and advised that training on personal care planning was currently being provided. They had planned to enhance the personal planning documentation on completion of the training.

Overall, the inspector found that the further improvements brought about since the last inspection particularly in relation to governance and management, staffing, risk management, medicines management and the resolving of the incompatibility issues had resulted in a safer service and positive outcomes for residents particularly in relation to their rights and quality of life.

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

The provider had continued to invest in the centre to address issues with the premises. A resident whose needs could not be met in the centre had transferred to another designated centre following consultation and agreement with the resident and their family as well as input from the multidisciplinary team. Incompatibility issues for two residents who had shared an apartment had been resolved, with both residents now being accommodated in their own separate apartments. Further improvements were also noted to governance and management systems of oversight and audit, staffing, staff training, risk management, medicines management and residents' rights.

There was a clearly defined management structure in place. The person in charge and area manager had a regular presence in the centre. The person in charge was supported by a team leader and staffing rotas reviewed clearly outlined the hours worked by both. The person in charge and area manager continued to meet regularly and formally reviewed residents support needs on a monthly basis.

A number of relief staff had been recruited since the last inspection in order to provide cover for holiday and sick leave, a social care worker recently recruited was due to commence in the role in June 2024. Staffing rotas had been reviewed following the last inspection. There were now staff on duty on a 24-hour basis in order to meet the changing and increased needs of some residents. Training records reviewed indicated that all staff including relief staff had completed mandatory training. The person in charge had completed training in relation to medicines management, risk management, epilepsy and diabetes care since the last inspection. Further training in relation to safeguarding had recently been completed by all staff. The person in charge had recently completed a staff competency audit in order to evaluate staff knowledge, abilities, overall competencies and identify areas for development.

Improvements were noted to the providers systems in place for reviewing the overall quality and safety of the service. The annual review for 2023 and recent provider led audit were available in the centre. Areas for improvement were set out in a service improvement plan which had since been largely addressed.

The local management team continued to maintain oversight of the quality and safety of the service. There was an audit schedule in place. Recent audits had been completed in areas such as medicines management and infection, prevention and control indicating satisfactory compliance. Monthly team meetings were scheduled and taking place. Minutes of recent meetings reviewed showed that topics such as safeguarding, fire safety, infection, prevention and control, medicines management, staff training, 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.

There was evidence of ongoing consultation with residents. Weekly house meetings continued to take place. The minutes of recent meetings reviewed showed that topics including anti-bullying procedures, safeguarding, advocacy and rights were discussed. Meal planning, shopping, preferred activities for the week were also discussed. Residents had the opportunity to discuss their chosen goals such as their desire to stay in a hotel during the summer and attend an upcoming music concert.

#### Regulation 14: Persons in charge

The post of the person in charge was full-time. They were also person in charge over one other designated centre. They had the required experience and qualifications for the role. They had received a good level of support from their line manager and had continued to implement systems and procedures to ensure the service came into compliance with the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had continued to recruit staff to ensure that the number and skill-mix of staff was appropriate to meet the assessed needs of residents. There were no staff vacancies at the time of inspection. A number of relief staff had been recruited and staffing rotas had been reviewed following the last inspection. The person in charge advised that it was still challenging at times to cover annual and sick leave and that agency staff were used occasionally. There were now staff on duty on a 24-hour basis in order to meet the changing and increased needs of residents. A social care worker had also been recently recruited and due to commence in the role in June 2024. The person in charge advised that the new staff roster due to be implemented in May 2024 as outlined in the compliance plan submitted will now be implemented in June 2024 once the new social care worker commences in the role.

Judgment: 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. Further



training was scheduled in relation to personal care planning, dignity and sexual harassment in the workplace.

The person in charge had completed all training in line with that set out as part of the induction programme and compliance plan submitted. They had completed training in relation to medicines management, risk management, epilepsy and diabetes care since the last inspection.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had continued to invest resources in order to address issues with the premises and staffing. Improvements were also noted to the providers oversight arrangements and to the governance and management systems in place for reviewing the quality and safety of the service.

The compliance plan submitted following the last inspection had largely been addressed. Arrangements had been made for a resident to transfer to another designated centre suitable to meeting their assessed needs. The provider had ensured that the resident and their family were consulted with and were in agreement with the discharge from the centre. The provider had put in place arrangements for staff to support the resident in their transition to the new centre.

The provider had facilitated two residents who had been sharing an apartment to now live in their own individual apartments. The resolving of the incompatibility issues had resulted in positive outcomes for residents particularly in relation to their rights and quality of life.

Improvements to the providers systems in place for reviewing the overall quality and safety of the service had taken place. The annual review had been completed for 2023 and included consultation and feedback from residents and their families. The overall feedback was complimentary of staff and the service provided. The review also included a summary of outcomes from the most recent provider led audit which had been completed in December 2023 as well as recent HIQA inspection reports. Areas for improvement were set out in a service improvement plan which had since been largely addressed.

Judgment: Compliant

## Quality and safety

The provider's continued investment and improvements to governance and

management systems had a positive effect overall on the quality and safety of the service on offer to residents. Further improvements carried out to the premises, risk management, medicines management and the resolving of the incompatibility issues had an overall positive impact on the safety, rights, dignity and choice for all residents who resided in the centre. However, further improvements identified to personal planning documentation were still required.

The inspector noted that there were improved systems in place for the regular oversight of medicines practices. There were regular reviews of medication management practices, the results of which were discussed at monthly team meetings. Recent audits reviewed indicated good compliance.

The person in charge had continued to ensure that improvements to residents assessments and care plan documentation noted on the last inspection had been sustained. Records maintained were clear and accessible and provided up-to-date notes on progress and current health status. Improvements identified by the management team to personal planning documentation still needed to be addressed.

Residents' continued to have regular and timely access to general practitioners (GPs) including out of hours service and to health and social care professionals. Residents had been referred to, recently reviewed and some were waiting on reviews by a range of allied health professionals and consultants. Some residents had been recently reviewed by the physiotherapist, occupational therapist (OT), chiropodist, psychologist and public health nurse.

Improvements identified to risk management at the last inspection had been addressed. The person in charge had completed risk management training. There were systems in place for the regular review of the risks. The risk register was regularly reviewed and updated and was found to be reflective of risk in the centre.

## Regulation 25: Temporary absence, transition and discharge of residents

The provider and local management team had ensured that a resident received support as they transitioned to live in one of the providers other designated centres. A resident who had had spent an extended stay in hospital had transferred to another of the providers designated centres following consultation and agreement with the resident and their family. The local management team outlined how several meetings had taken place involving the management and multidisciplinary teams to ensure that the residents discharge took place in a safe and planned manner in consultation and agreement with the resident and their family. They outlined how staff familiar to the resident were involved in supporting this transition to the new centre and how staff are to continue supporting the resident during the coming weeks.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risk in the centre.

Risks identified during the last inspection in relation to times when staff who had not completed medicines management training worked alone in the centre and would not be in a position to administer medication should any resident need assistance had since been addressed. There was now a written protocol in place to guide staff in the event should this situation occur. The person in charge outlined that the new proposed staff rota due to be implemented in June 2024 will ensure that there will be staff on duty at all times who have completed medicines management training in order to further reduce this risk.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place for the ordering, receipt, prescribing, storage, disposal and administration of medicines. A review of prescription and administration charts showed that prescribed medicines were being administered as prescribed. Codes were now being recorded which outlined the rationale when medicines were not administered. 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 systems in place for the regular review of medicines practices.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident had a comprehensive assessment of their health, personal and social care needs. However, some improvements were required to ensure all assessments were regularly updated to reflect the changing needs of each resident and to ensure that improvements identified to personal planning documentation was addressed.

The inspector reviewed one residents file in detail and briefly reviewed parts of another file. Assessments and care plans were generally found to be up-to-date with

the exception of a comprehensive assessment of need. 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 continued to be in place. There was a pain management plan 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.

Some improvements were required to personal planning documentation to ensure that each residents personal development plan was clearly set out in accordance with their wishes and developed with the maximum participation of each resident. The management team had identified that these improvements were required. They outlined how staff training in relation to the development of personal plans was in progress with the plan to then develop plans in consultation with residents.

Judgment: Substantially compliant

### Regulation 6: Health care

Staff continued to ensure that residents had access to the health-care that they needed. Residents' with specific medical conditions continued to be closely monitored and clear records were maintained. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of residents' files indicated that residents had been regularly reviewed by the physiotherapist, occupational therapist, speech and language therapist, dentist and chiropodist. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

### Regulation 9: Residents' rights

Further improvements noted on this inspection particularly in relation to the living arrangements for the two residents who had shared an apartment and were now provided with individual apartments had an overall positive impact on their rights, dignity and quality of life. Staff were observed to interact with the resident in a caring and respectful manner. Residents were supported to attend religious services and others were supported to visit religious shrines of their choice. All residents

were registered to vote.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Riverside Services OSV-0005749

Inspection ID: MON-0043434

Date of inspection: 29/04/2024

## 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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:            All Assessment of Needs are currently under review to ensure they reflect current needs and supports. This was completed 20/05/2024.</p> <p>Personal planning documentation is currently under review in the service to ensure each resident’s personal plan reflects their goals and wishes. Each resident and key support persons, identified by the resident, are involved in the planning process. Documentation is now in place for all residents to reflect their own planning process. Key worker meetings will commence on 20/05/2024 and will occur monthly thereafter. These meetings will ensure all residents have maximum participation in the planning process.</p> <p>Riverside Services has also been identified to pilot a new PCP process being developed within the organization. This process has commenced in this service and initial stages, which include staff training, will be completed by 30/09/2024.</p>	



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	20/05/2024
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with	Substantially Compliant	Yellow	20/05/2024

	paragraph (1).			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	30/09/2024