



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

## Issued by the Chief Inspector

Name of designated centre:	Arbutus Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	12 July 2023
Centre ID:	OSV-0004105
Fieldwork ID:	MON-0040768

## About the designated centre

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

Arbutus is a centre run by Ability West. It is a residential service that provides care to seven residents, both male and female who are over the age of 18 years and have an intellectual disability. The centre comprises of two premises, which are located on the outskirts of Galway city and within close proximity to each other. Both premises are two-story houses, containing single occupancy bedrooms, an en-suite, shared bathrooms, sitting rooms, kitchen and dining areas, staff office and garden areas. Residents have access to transport and are within close proximity to local hotels, shops and amenities. Staff are on duty in this centre both day and night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 12 July 2023	09:30hrs to 16:30hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to follow up on non compliance's identified during the previous inspection of this centre, to assess the provider's compliance with specific regulations and also the regulatory compliance plan submitted to the Chief Inspector of Social Services on an organisational level.

The designated centre comprised of two houses within close proximity to each other and located in residential areas on the suburbs of a city. At the time of inspection, there were five residents living in one house and two residents living in the other house. The inspector visited both houses and met with staff and spoke with six of the seven residents. The inspector also met and spoke with the person in charge and staff on duty. The inspector visited the larger of the two houses during the morning time, visited the second house in the early afternoon and returned to meet with residents in the larger house on their return from day services later in the afternoon.

On arrival at the centre, the inspector was greeted by a resident and invited to sign the visitors book. The inspector briefly met with four residents as they were getting ready to go to their respective day services. All residents appeared in good form. They advised that they looked forward to attending day services as they got to meet with friends and partake in activities that they enjoyed such as swimming, bowling, going on day trips, arts and crafts and pottery making. One resident used a taxi service to get to and from their day service while others used the centre's mini van. One resident who had been fasting that morning due to a scheduled medical appointment spoke of looking forward to getting a breakfast roll after their appointment.

The inspector met with all residents later in the afternoon on their return from day services. One resident was supported by staff to attend a dental appointment and they told the inspector how they had planned on going to the mobile phone shop after their appointment. Others relaxed in the living room and one of the residents made tea for all. Residents chatted openly about their lives in the centre, stating that they all had lived together for many years, got on well with one another and were happy living in the centre. They spoke about their involvement in the running of the centre, how they decided and agreed on weekly meal plans and took turns in cooking for one another. They spoke about liking their new living room furniture which they had chosen and some were excited about getting new wardrobes which they had recently designed and were now on order.

They told the inspector how they led active lives and partook in a variety of activities in the community. They mentioned how they were looking forward to a number of upcoming events including trips away to stay in hotels, planned birthday celebrations in a local hotel and attending events during the upcoming local arts festival. One resident showed the inspector the festival brochure and spoke about how they were going to feature in one of the photography exhibitions and attend its

launch. The other residents and staff had planned on visiting the exhibition. Residents also spoke about enjoying recent outings such as visiting a pet farm, sheepdog display and local heritage centre. They mentioned how they also enjoyed spending time relaxing at home, assisting with household tasks such as laundry, cleaning and emptying refuse bins.

Residents were supported and encouraged to maintain connections with their friends and families. There were no restrictions on visits to the centre. Residents spoke of regularly visiting their friends and family members. Some residents had their own mobile telephones which they used to stay in regular contact with family members.

Residents told the inspector that they knew the staff well, had good relationships and got on well together. Staff on duty were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support. Staff and residents chatted together in a relaxed and familiar way. Staff spoken with were very knowledgeable regarding residents wishes, preferences and interests. Residents confirmed that they could contact staff at any time if they had a concern or issue. Staffing levels in the centre had increased since the last inspection. There were now two staff on duty in the mornings, afternoon and evenings. There was a third staff member on duty three afternoons/evenings a week. Residents spoken with confirmed that the additional staff member in the afternoons was beneficial and facilitated them with better opportunities to attend and partake in activities of their choice.

Residents in the second house were supported to stay in their homes independent of staff. The person in charge spoke of the specific staffing arrangements that were in place for these residents, including, allocation of weekly staff support hours to assist these residents with various aspects of their social care. The inspector met with one of the residents who confirmed that they continued to live independently and go about their own preferred routines on a daily basis. They spoke about going to work three days a week, doing work experience on another day and attending the cinema at weekends. They advised that they got on well with the other resident living in the house saying 'we both do our own thing'. They mentioned that they enjoyed visiting and meeting up with friends. The resident had their own bicycle which they used daily to get around independently.

The larger of the two houses was detached, dormer style and accommodated five residents in individual bedrooms. There were two bedrooms located on the ground floor and one had its own ensuite shower room. There were three bedrooms located on the first floor. Some residents were happy to show the inspector their bedrooms which were furnished and decorated to their personal tastes and styles. There was a separate sitting room, kitchen dining room and a shower room located on each floor. The house was comfortable, warm, visibly clean, decorated and furnished in a homely style. The living room, kitchen and utility area had been upgraded and refurbished in the past year. The person in charge confirmed that further refurbishment works were planned to both shower room areas, that funding had been approved and that the builders had recently visited to assess the areas. The ground floor area had been suitably adapted to facilitate residents with mobility

issues be independent and an area of the kitchen had been designed to facilitate a wheelchair user. Following the last inspection, a suitable ramp had been provided to the front door area and the inspector observed that a resident who was a wheelchair user could now independently leave and enter the house. There was an accessible garden area to the rear of the house which could be easily accessed. There was a paved patio area with wooden bench seating and a variety of plants and shrubs. There was an array of colourful summer plants which residents had planted in a variety of pots and containers providing an inviting and colourful entry to the house.

The second house was a two storey terraced house which accommodated two residents in separate bedrooms. There was a kitchen cum dining room and a separate living room on the ground floor, two bedrooms and a bathroom located on the first floor. Residents had access to a large garden area to the rear of the house which was now being maintained by an external contractor. The person in charge advised that a new oil fired heating boiler had recently installed and how renovation and redecoration of the house was planned. They advised that a new front door and flooring for the ground floor was ordered and due to be fitted in the coming weeks. They also confirmed that repainting of internal surfaces and upgrading of the bathroom was planned.

The inspector observed that the rights of residents were respected and promoted by staff. All staff had completed training on human rights based approach in health and social care. From observations in the centre, speaking with residents and review of documentation it was clear that staff promoted human rights, residents had a say over their lives and were involved in decisions about their care and support. However, following a financial review in April 2023, it had been confirmed that residents had paid for some household electrical appliances and some storage facilities in bedrooms, the costs of which were the responsibility of the provider. Despite a number of follow up email requests from the person in charge, the provider had yet to refund these monies to the residents.

In summary, the inspector observed that residents were treated with dignity and respect by staff throughout the day. Residents were comfortable, relaxed and happy living in the centre. It was evident that residents had a good quality of life, had choices in their daily lives and that their individual rights and independence was very much promoted.

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 designated centre is run by Ability West. Due to concerns in relation to Regulation 23: Governance and management, Regulation 15: Staffing, Regulation

14: Person in Charge, Regulation 5: Individualised assessment and personal plan, and Regulation 26: Risk management procedures, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in April 2023 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has outlined an action plan to the Chief Inspector highlighting the steps they will take to improve compliance in the registered centres. These regulations were reviewed in this inspection and this report will outline the findings found on inspection.

While the findings from this inspection showed improvements in compliance with the regulations, further oversight was still required in relation to ensuring that planned improvement works to the premises were completed in a timely manner, to ensuring that refunds of money due to residents was processed without further delay and to ensuring that the standardised assessment of need process 'My support needs assessment' was completed in line with the regulatory plan submitted to the Chief Inspector.

The provider had made progress in implementing its own compliance plan which was submitted to the Chief Inspector following the last inspection. A person in charge had been appointed, staffing levels had increased, on-call management arrangements were put in place, maintenance issues requested through the Flex system had been addressed and there was improved oversight of risk management. However, works required to upgrading and redecoration of areas in both houses while approved and planned had not yet been completed.

A new person in charge had been appointed in March 2023 and worked full-time in the centre. The person in charge had previously worked in the service for a sustained period and knew the service and the residents well. The person in charge was committed to ensuring that residents were provided with a person centred service in a homely environment. The person in charge was supported in their role by a senior manager. In line with the regulatory plan submitted, the person in charge confirmed attendance at a number of recent training workshops which had been arranged by the provider to support and enable them in their role. Training included roles and responsibilities, risk management, Flex maintenance system, quality enhancement plans and discussion on new templates, filing systems and assessments of need being implemented by the provider across all services.

There were now formal on-call arrangements in place for out of hours seven days a week. The details of the on-call arrangements were notified to staff on a weekly basis and clearly displayed in the centre. Staff spoken with were familiar with the arrangements in place.

Staffing levels in the centre had been reviewed following the last inspection taking into account the changing and increasing needs of residents. There were now two staff on duty in the morning time, afternoon and evening. There was a third staff member rostered three days a week in the afternoons and evenings in order to support residents with better opportunities to partake in activities of their choice.



The person in charge had continued to review staffing resources taking into consideration the needs and rights of residents and had submitted a business case for the additional third staff member for all other days of the week. The person in charge had completed the staff rota for the coming two months and had rostered additional staff during the day time to take account of the weeks when the day service was closing due to holidays.

Training was provided to staff on an on-going basis and records reviewed indicated that all staff had completed mandatory training. Additional training in various aspects of infection prevention and control, skin integrity, use of hoists, stoma care and human rights based approach in health and social care had been provided to all staff. Two staff had recently completed emergency responder training so as to support a resident who was due to commence swimming as part of their personal goals. Risk management training was scheduled for all staff later in July 2023.

The inspector reviewed the quality enhancement plan which had been informed by recent provider led audits and the HIQA compliance plan submitted following the last inspection. The plan had been updated on an ongoing basis by the person in charge and reviewed regularly with the senior manager. The person in charge continued to regularly review identified risks, accidents and incidents, restrictive practices, medicines management, infection, prevention and control, staff training and residents finances. The person in charge met with the senior manager on a weekly basis and monthly team meetings were taking place at which identified areas for improvement, risks and staff training updates were discussed and learning shared. There was also evidence of consultation with residents and regular house meetings where the views of residents were sought and information shared.

#### Regulation 14: Persons in charge

There was a person in charge who had responsibility for the day to day management of the centre. The person in charge worked full-time and had the required qualifications and experience to manage the centre as required by the regulations. They were knowledgeable regarding the regulations and their statutory responsibilities.

Judgment: Compliant

#### Regulation 15: Staffing

Improvements were noted to staffing resources. Additional staff had been rostered during the morning time and three afternoons per week. The provider needs to continue to review staffing resources to ensure that the needs of all residents are met. The person in charge had submitted a business case for the additional third

staff member for all days of the week in order to meet the needs and rights of residents.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Improvements were noted to the overall governance and management arrangements including compliance with the regulations. The local management team had ensured that identified issues were escalated to the provider in a timely manner. Further improvement was still required in relation to ensuring that planned improvement works to the premises were completed in a timely manner and to ensuring that refunds of money due to residents were processed without further delay.

The new standardised assessment of need process 'My support needs assessment' had not been completed in line with the regulatory plan submitted to the Chief Inspector. The person in charge confirmed that the partial assessments completed to date were not informative, did not identify the type of supports required, the staff skill set or the staff training needs to support the needs of residents. To date the residents and or their representatives had not been consulted with as part of the assessment process.

Judgment: Not compliant

### Quality and safety

The local management team and staff strived to ensure that residents received a good quality, safe and person-centred service where residents' rights and individuality were respected. As discussed under the capacity and capability section of this report, improvement works required to upgrading and redecoration of both houses were still outstanding.

The person in charge spoke of the new standardised needs assessment template 'My support needs assessment', part of which had been completed and submitted to the senior management team. They advised that further information regarding identifying emerging needs in the service as part of this assessment was due to be submitted to the management team. The person in charge confirmed that this new assessment was still work in progress and did not currently guide the support needs of residents living in the centre.

The inspector reviewed a sample of residents files. Residents current needs assessment 'My all about me' had been recently reviewed and updated. Support

plans for all identified issues including specific health care needs were found to be individualised and informative. For example, a resident assessed as being at risk of developing pressure ulcers had a specific skin integrity support plan in place. Suitable specialised pressure relieving equipment including a bed, mattress, cushion and chair had been provided following consultation, assessment and recommendation from the occupational therapist and physiotherapist. Staff spoken with were knowledgeable and had received training in relation to skin integrity. Residents' had regular and timely access to general practitioners (GPs) including out of hours service and to health and social care professionals. A review of residents files showed that residents had been referred and recently reviewed by a range of allied health professionals, hospital consultants and members of the community intervention team. Residents had been recently seen by the physiotherapist, occupational therapist, chiropodist, dentist and optician. 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.

Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and documented. Individual goals were outlined along with the names of those responsible for supporting each resident achieve the goals in the plan within agreed timescales. A log was maintained to show progress and achievement of each goal. From speaking with residents and a review of these logs the inspector was clearly able to see that many of the goals outlined had been achieved and others were planned or in progress.

There was evidence of regular and ongoing review of risk in the centre. The risk register had been reviewed on a regular basis and risk ratings had been appropriately changed as required. New risks as identified had been included in the register. The person in charge had recently completed a training workshop on risk management and training was scheduled for all staff in July 2023. The person in charge outlined the risk escalation pathways and confirmed that the top five centre risks were discussed weekly with the senior manager and at the monthly team meetings. Minutes of recent staff meetings reviewed showed that these risks had been discussed. The changing needs and health care needs of residents, staffing resources, infection prevention and control, restrictive practices and the safety and welfare of residents who lived independently were clearly identified as the main risks in the centre.

## Regulation 26: Risk management procedures

There were systems in place for the identification and on-going review of risk. The risk register was reflective of identified risk in the centre. The individual risks to residents were clearly outlined in each file. The person in charge was clearly able to outline the 'out of hours' emergency on-call system that had been introduced by the provider in recent months. The person in charge had recently completed a training

workshop on risk management and training was scheduled for all staff in July 2023.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge continued to review and update the 'All about me' needs assessment. Support plans were in place for all identified issues including specific health care needs and were found to be individualised and informative. All residents had an annual medical review completed, they had access to a range of allied health services as required. Residents with specific health care needs had regular review by specialist consultants.

'My support needs assessment' the new standardised assessment of need process had not been completed in line with the regulatory plan submitted to the Chief Inspector has been included as an action under Regulation 23:Governance and management .

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	Substantially compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant

# Compliance Plan for Arbutus Services OSV-0004105

Inspection ID: MON-0040768

Date of inspection: 12/07/2023

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• Effective from 4th September 2023, there will be three staff on duty for all afternoons, seven days a week. Currently there are three staff on duty for three afternoons a week. This is to ensure sufficient staffing to meet the assessed support and supervision needs of all residents.</li> <li>• The person in charge is responsible for ensuring that residents' assessments of needs are up to date and accurate.</li> <li>• The person in charge is responsible for ensuring that there are adequate staff on the roster to meet the needs of the residents in the Arbutus Services. This will be a standing agenda item at the Person in Charge and Area Service Manager Service review meetings.</li> <li>• Staff meetings, facilitated by the Person in Charge, are held monthly. Standing agenda items include review of incidents, risk register and management and changing needs of residents.</li> <li>• The Area Services Manager will audit resident needs assessments on a monthly basis and report findings to the Director of Operational Supports and Services at the monthly meeting, and escalate if evidenced a need to review staffing arrangements in Arbutus Services</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Effective from 4th September 2023, there will be three staff on duty for all afternoons, seven days a week. Currently there are three staff on duty for three afternoons a week.</li> </ul>	

This is to ensure sufficient staffing to meet the assessed support and supervision needs of all residents.

- The person in charge is responsible for ensuring that residents' assessments of needs are up to date and accurate.
- The person in charge is responsible for ensuring that there are adequate staff on the roster to meet the needs of the residents in Arbutus Services. This will be a standing agenda item at the Person in Charge and Area Service Manager Service review meetings.
- Staff meetings, facilitated by the Person in Charge, are held monthly. Standing agenda items include review of incidents, risk register and management and changing needs of residents.
- The Area Services Manager will audit resident needs assessments on a monthly basis and report findings to the Director of Operational Supports and Services at the monthly meeting, and escalate if evidenced a need to review staffing arrangements in Arbutus Services
- My All About Me Assessment document is an existing Ability West document which is completed by the Person in Charge and the Keyworker, it can be located in the personal plans for the purpose of review. This assessment is completed in conjunction with the resident and reflects their wishes.
- The Person in Charge will ensure that this document is regularly reviewed when an emerging/ changing need is identified.
- My Support Needs Assessment has been completed by the Person in Charge and a member from the MDT. This document is stage one of a Provider needs assessment to inform current and future needs for each Resident in Ability West.
- Risk Awareness training is to take place for the staff in Arbutus on 26th September 2023
- Refurbishment work on both shower rooms is to be completed by 13th October 2023
- On the second house, the new door was installed and fitted on 31st July 2023. The date for the replacement of the new floor is to be confirmed by the supplier . Painting of the internal surfaces and the upgrading of the bathroom will be completed by 22nd September 2023.
- Refund of money due to residents in respect of the purchase of household electrical items and storage facilities will be completed on 21st August 2023



## 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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	04/09/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/10/2023