



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

Name of designated centre:	Ford Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	28 March 2018
Centre ID:	OSV-0004940
Fieldwork ID:	MON-0021175

About the designated centre

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

Ford Services provides a full-time residential service to four male and female residents who are over 18 years of age and have a moderate intellectual disability and or physical disability. The centre is comprised of four self-contained apartments in a rural town, close to amenities such as public transport, shops, restaurants, churches, post offices and banks. Three of the four apartments are at ground floor level and can accommodate people who have a physical disability. The apartments are warm, clean, comfortable and well furnished, and have separate gardens. Residents are supported by a staff team which includes a social care leader and care assistants. Staff are based in the centre when residents are present and a staff member sleeps in the centre at night to support residents. The person on charge is based in an adjacent office.

The following information outlines some additional data on this centre.

Current registration end date:	31/08/2018
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or 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
28 March 2018	09:15hrs to 17:45hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with all four residents who live in this centre, and had conversations with three residents. Residents, who spoke with the inspector, confirmed that they were very happy with the service and care provided, had good interaction with the local community and enjoyed living in the centre. They also stated that they enjoyed the activities that they took part in, both in the local area and in day services. Furthermore, residents were complimentary of the care and support they received from staff and knew who to contact if they had any worry or concern. The inspector observed that all residents appeared to be comfortable and relaxed in the company of staff.

The inspector did not receive any feedback from residents' families, but questionnaires completed by residents expressed a high level of satisfaction with the service.

Capacity and capability

Governance and management arrangements ensured that a good quality and safe service was provided for residents who lived at this centre. There was a clear organisational structure, and staff confirmed that they were well supported by the person in charge, who in turn was well supported by his line managers. There was a team leader based in the centre who was responsible for the day-to-day management of the centre. He worked closely with the person in charge who was based in a nearby office. Both were well known to the residents and were very familiar with their up-to-date care and support needs.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a good standard of care, support and safety being provided to residents living at the centre. Six-monthly audits of the centre's practices were being carried out by the management team and annual reviews on the quality and safety of the service were being completed. Records showed that audit findings had been addressed in a timely manner. Furthermore, the provider and management team had ensured that any issues arising from the previous inspection of the centre had been suitably addressed. Since the last inspection improvements to storage of medication, records and staff training had taken place.

Improvements to the environment included the provision of emergency lighting in all apartments, and maintenance of boundary fences in gardens.

The provider had measures in place to ensure that staff were suitably trained to carry out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. There was a training plan to ensure that appropriate training was provided as required.

Throughout the inspection, the inspector observed that staff prioritised supporting residents to take part in activities of their choice in the centre and the local community. While there was an accurate planned staff roster in place, improvement to assessment and allocation of staff was required. It became evident during the inspection that the overall dependency level of residents in the centre had increased. However, there had been no formal assessment or re-evaluation of staffing needs, having regard to the changing needs of residents and to ensure that there were adequate staff on duty to meet all residents needs at all times. This could impact on residents' ability to engage in their preferred activities at times that suited them.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of designated centre's registration, was submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Planned staffing rosters had been developed and these were accurate at the time of inspection. However, staffing levels had not been adjusted to meet a change in the assessed care and support needs of a resident. This presented a risk that staffing levels and skill-mixes may not be consistently sufficient to meet the assessed needs of all residents.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff who worked in the centre had received training in fire safety, manual handling, behaviour support and safeguarding - in addition to other training relevant to their roles, such as first aid, safe administration of medication and eating and drinking support. There was a training schedule to ensure that training was delivered as required. During the last inspection of this centre it was found that not all staff had attended all training required by the provider, but this had now been suitably addressed.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents and met most of the requirements of the regulations. However, there was some minor adjustment required to the statement of purpose to meet all the requirements of the regulations. The person in charge reviewed and amended the statement of purpose, and a suitably revised version was sent to HIQA following the inspection. The statement of purpose was being reviewed annually by the management team.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge and staff kept a register of accidents and incidents. Any events that required notification, including quarterly returns, had been submitted to the Chief Inspector as required.

Judgment: Compliant

Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that they were kept safe. The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choice.

Residents' quality of life was prioritised by the systems in the centre, and their rights and choices were supported. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis during the inspection.

The personal planning process ensured that residents' social, health and developmental needs were identified. Personal planning arrangements ensured that each resident's needs were subject to regular review both annually and more frequently if their needs changed. Recommendations from annual reviews and multidisciplinary supports were included in residents' personal plans to ensure a consistent approach to supporting their needs. Residents' personal plans were also formulated in an accessible version to increase residents' knowledge and understanding of their own personal plans. In addition, residents and staff planned residents' personal goals for the coming year annually and identified the required support to achieve these. The inspector could see that residents were out and about in the community, and they confirmed that they enjoyed this.

The provider had ensured that residents had access to medical and healthcare services to ensure that they received a good level of healthcare. Each resident had access to a general practitioner and attended annual healthcare checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were supplied by the provider. Other services, such as chiropody, dental and optical services, were arranged as required. Plans of care for good health were developed for residents' which identified their specific care needs. This ensured that residents' requirements for good health were identified, and that plans were in place to ensure that this care was appropriately delivered.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire fighting extinguishers, the central heating boiler and the fire alarm system. Staff also carried out a range of fire safety checks. The fire evacuation procedure was displayed, staff had received formal fire safety training and effective fire evacuation drills involving

residents and staff were carried out. Residents, and staff who spoke with the inspector, knew the fire evacuation procedures. All bedrooms had fire doors for the containment of fire and smoke.

There was a good level of compliance with regulations relating to the quality and safety of resident care, and residents' social integration and development was being prioritised.

Regulation 11: Visits

Residents were facilitated to receive visitors in accordance with their own wishes. Furthermore, residents were supported to meet with and visit family and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual needs. The centre was comprised of four separate, self-contained apartments, all of which were clean, comfortably furnished and well decorated. Each apartment had its own laundry facilities, separate gardens, and access to a refuse collection service.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for

staff, completion of fire evacuation drills involving residents and staff and individualised emergency evacuation plans for all residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the residents and or their representatives, were being held. Residents' personal goals were agreed at these meetings and these were made available to residents in a user-friendly format.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, medical consultants and healthcare professionals. Plans of care for good health had been developed for residents based on each person's assessed needs.

During the last inspection of this centre the inspector found that food records were not being maintained to review if residents had access to a nutritious diet, specifically where residents had weight management programmes recommended by a dietitian. On this inspection this had been suitably addressed. There were no residents who required specific weight management plans at the time of this inspection, but food records were being maintained for all residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

During the last inspection of this centre, the inspector found that arrangements were not in place for the segregated storage of out-of-date or discontinued medication, and this had now been suitably addressed. There was secure medication storage in each dwelling in the centre, and unused and out-of-date medication was separately stored and clearly labelled.

The person in charge had assessed each resident's capacity to self-administer medication. As a result of this partial self-administration with staff support had been introduced for some residents. All staff who were involved in medication administration had received training in the safe administration of medication.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

Compliance Plan for Ford Services OSV-0004940

Inspection ID: MON-0021175

Date of inspection: 28/03/2018

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>We have examined the current service provision for Ford Services. Given the change in needs of one individual we feel that a further 21 hours per week will be sufficient to consistently meet the assessed needs of all individuals. We have discussed this with our finance department and this will be in place from 01/07/2018.</p> <p>We have reviewed Regulation 15 and we believe we meet all other aspects of the Regulation.</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 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.	Not Compliant	Orange	01/07/2018