



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

Issued by the Chief Inspector

Name of designated centre:	Tí Geal Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	01 October 2024
Centre ID:	OSV-0004074
Fieldwork ID:	MON-0044600

About the designated centre

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

This designated centre provides a residential and respite service for up to six adults who have an intellectual disability. The centre is located near an urban area in Co. Galway, and comprises of one large two-storey building. Residents have their own bedroom, shared bathrooms, a sitting room, relaxation areas, kitchen, dining area, and also have access to outdoor facilities. The centre is centrally located, close to a range of amenities, shops and transport. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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
Tuesday 1 October 2024	10:15hrs to 16:00hrs	Anne Marie Byrne	Lead
Tuesday 1 October 2024	10:15hrs to 16:00hrs	Ivan Cormican	Support

What residents told us and what inspectors observed

This was an announced inspection carried out to inform a registration renewal decision. The day was facilitated by the person in charge, the team leader, and person participating in management. Over the course of the day, inspectors also got to meet with two staff members, and with four of the residents who live at this centre. Although this inspection did identify some good areas of practice, there were a number of other areas that were identified, which required significant improvement by the provider. These primarily related to staffing arrangements, governance and management, aspects of residents' assessment and personal planning, risk management and safeguarding. Due to concerns raised by inspectors relating to staffing levels and incident management, two urgent actions were required to be issued to the provider. All of which, will be discussed in more detail later on in this report.

This centre can accommodate six residents, and provides both residential and respite care. All residents were well at the time of this inspection, and primarily required care and support in relation to their behavioural support, safeguarding arrangements, and assessed social care needs. Some residents were assessed as having complex behavioural support needs, and did require a lot of care and support from staff. This was a centre that experienced high volumes of incidents each month, most of which related to behavioural management, some of low impact, but some did result in staff having to manage times where their own personal safety was put at risk. Incidents of negative interactions between residents were also sometimes reported, again of varying nature and impact, which had resulted in four safeguarding plans being required, to make sure residents were kept safe from harm. Two residents were assessed as requiring one-to-one staff support, and staff were also required to maintain high supervision levels at all times, so as to ensure the safety of all residents. The provider was aware of the volume of incidents occurring in this centre, and had sought the input of multi-disciplinary teams, in the review of residents' care. A transition plan was identified to be required for one resident, who was re-assessed as requiring a more individualised service. However, at the time of this inspection, this plan was very much in the early stages of development. In the meantime, this centre continued to experience a lot of incidents that indicated potential risks to residents' and staff safety in this centre, that were not being appropriately responded to, or managed by the provider. This will be discussed further, later on in the report.

The centre comprised of one large two-storey purpose building, located near a highly populated urban area. Each resident had their own bedroom, some of which were en-suite, shared bathrooms, and residents had communal use of a kitchen, dining area, a quiet room and utility. There was also an outdoor area for residents to use, as they wished. In response to the behavioural support needs of one resident, in recent months, the provider had also created an upstairs recreational room for this resident, which staff had noted with inspectors, had made a positive impact on the management of their behavioural support needs. The centre was

spacious, tastefully decorated, had comfortable furnishings, and provided space for residents to have time away from their peers, if they so wished. There were some nice homely touches observed by both inspectors upon their walk-around, with the centre having been decorated with autumnal pieces, and photographs of individual residents greeted visitors upon their arrival to the main hallway. Some residents' bedrooms were visited by inspectors, and were found to reflect the personal interests of each resident. For instance, one resident loved shopping, and their bedroom had additional storage and furnishings, so as to allow them to store and display their personal items. Another resident loved the colour pink and their bedroom was decorated in this colour, again with soft furnishings that they personally chose. Following on from the last inspection, the provider had rectified the issues relating to the maintenance arrangements of centre; however, this inspection did identify where attention was required to the bedroom of a resident, who had specific behavioural support needs.

At the time of the inspectors' arrival to the centre, all residents were gone out to their day services. As they returned in the afternoon, they got themselves a hot drink and snack, others pottered around the centre from room to room, and there was friendly banter and interactions between them and the staff that were on duty for the evening. Some of these residents had assessed communication needs, and staff were observed to interact kindly with these residents, and were able to interpret this resident's gestures, to know what they wanted. One resident took an inspector's hand and led them down to see their bedroom, and although they were unable to communicate verbally, they appeared very content to be home for the evening. As these residents attended day services during the week, most of the social care staff provided for them, happened in the evening time and at weekends. They all liked to get out and about, some loved to go on multiple walks each day, others liked to go shopping and to dine out, they liked to get out once a week for their breakfast and coffee, some often went to see musicals, others liked to go swimming and to go bowling, with a few of them also having had a specific interest in jigsaws and in listening to music. There was transport available to this centre, and due to the central location of this centre, residents were within walking distance to a lot of amenities, and they could also avail of local taxis, if it was required. There were a few residents who regularly went on overnight visits to their families, and visitors were also welcomed to the centre. Although there were multiple opportunities provided to these residents to engage in recreational activities of their choice, one resident's social care had been negatively impacted over the last few months, due to the lack of multi-disciplinary supports available to them, to assess them for suitable safety measures when travelling in a vehicle. Again, this will be discussed further, later on in the report.

This was a busy centre that required a lot of support from staff, so as to meet residents' behavioural needs, to implement safeguarding arrangements, to maintain high levels of supervision, and to also support residents with their social activities. Staff who met with inspectors, were aware of this, and spoke confidently about the care and support that they provided for each resident. They were aware of incidents that had recently occurred, regularly attended staff meetings, and endeavoured to ensure all incidents were promptly reported to management, for review.

Overall, this inspection found a number of failings on the part of the provider to ensure effective oversight and monitoring arrangements were in place. Despite the provider being in the early stages of transitioning a resident from this centre, there a marked deficit in their ability to respond to, and manage incidents that continued to occur, until such a time as this transition plan was fully implemented. Fundamental to these failings, was the capacity of local management to fulfil their duties, which also required review by the provider. This was having a profound impact on the overall effectiveness of the management and oversight of this centre, which had complex resident support needs, was experiencing high volumes of incidents, and which required on-going risk management in order to maintain staff and residents safe from harm.

The specific findings of this inspection, will now be discussed in the next two sections of this report.

Capacity and capability

Following on from the findings of the previous inspection of this centre in January 2023, this inspection found that considerable improvement was still required by the provider in relation to fundamental aspects of this service, which was in direct response to failings in the oversight of key areas such as risk management, and in the oversight arrangements of the quality and safety of care. While local management were aware of many of the issues raised upon this inspection, their efforts to respond to these were greatly impacted by their capacity to be regularly present at the centre, to provide the oversight that this particular service needed, so as ensure it was being effectively managed.

There was a high volume of incidents occurring in this centre, and the person in charge routinely conducted monthly trending of these, and this information was then made available for senior management to review. Much of these incidents were of a varying nature and severity, and related to residents' behaviour, safeguarding, and incidents of where the safety of staff was put at risk. Despite this information being collated, the provider had failed to effectively utilise this information, to inform any additional safety measures that required to be in place, or to prompt a review of key aspects of this service. Although the provider had a plan in place to transition a resident from this centre following a re-assessment of their needs, there was a lack of interim measures put in place, to ensure this centre was still operating safely, until such a time as this plan was implemented. There was also a lack of urgency in the provider's response to issues raised within their own monitoring systems, especially in relation to resourcing of multi-disciplinary supports for this centre.

In relation to the centre's staffing arrangement, there was on-going recruitment underway at the time of this inspection, and during this time, the provider had maintained consistency in staffing levels through the use of regular agency staff. However, following a review of incidents occurring in this centre by inspectors, this

raised concerns regarding this centre's night-time staffing levels, with an urgent action issued to the provider to urgently review this arrangement. In addition, following a review of the roster, a review of day time staffing levels was also found to be required by the provider, to ensure residents' needs were met, particularly in relation to safeguarding and social care.

The person in charge was appointed to the role a few months prior to this inspection. While this was the only designated centre in which they were responsible for, they held significant other managerial responsibilities for a number of other designated centres operated by this provider. These additional responsibilities posed great limitations on their ability to be present in this centre, with the current capacity to only visit the centre approximately once a fortnight. This had a significant impact on the oversight of the quality and safety of care, in a centre, which had residents with complex behavioural support needs, and had high rate of incidents, requiring the regular presence of local management, to ensure the centre was effectively managed.

Overall, the failings in the provider's oversight arrangements for this centre, had a profound impact on their ability to assure themselves, that the quality and safety of care in this centre was effectively monitored. There were a number of potential risks that were reported to the provider, which had not been effectively responded to, there was a prolonged delay in provision of a multi-disciplinary resource that some residents were assessed as requiring, and the provider had also not reviewed the capacity of local management, so as to ensure they had the support arrangements that they needed, to fulfil their duties. There was a lack of urgency on the part of the provider to address, and rectify issues that were known to them, and to ensure that the fundamental aspects of this service, received on-going review and monitoring needed, to ensure a safe and good quality of service was being delivered to residents.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had submitted an application to the Chief Inspector of Social Services, to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time position and was familiar with the assessed needs of the residents, and the operational needs of the service delivered to them. This was the only designated centre in which they were person in charge for; however, they did hold responsibility as a person participating in management for

ten other designated centres operated by this provider.

Since their appointment as person in charge for this centre in July 2024, the provider had failed to effectively review the capacity of this person in charge, to ensure sufficient arrangements were put in place to support them, in taking on this additional management role. Due to their other responsibilities to the aforementioned ten other designated centres, this largely impacted on their ability to be present in the centre on a regular basis, to fulfill their function as person in charge to ensure that the centre was being effectively overseen and managed.

Judgment: Not compliant

Regulation 15: Staffing

Although there was good continuity of care provided in this centre through the use of regular staff, in light of the complex behaviour support needs within this centre, coupled with the high volume of incidents that were occurring, this had not prompted the provider to ensure that this centre's staffing levels were subject to regular and on-going review.

An urgent action was issued to the provider with regards to night time staffing levels. At the time of this inspection, one waking staff member was on duty each night to care for these residents. However, based on the behavioural support needs of some residents, incidents which were reported to have occurred, and safeguarding arrangements that were required in this centre to maintain residents' safety, the provider had failed to review night-time staffing levels, to ensure the centre was safely resourced at night, with the appropriate number of staff. Subsequent to this inspection, the provider submitted written assurance to the Chief Inspector, that this was since rectified.

Furthermore, upon review of the staff roster, it was identified that at times, short periods did occur during the morning time, where residents who were assessed as requiring one-to-one staff support for safeguarding purposes, were not consistently provided with this level of staff support. In addition, in response to risks posed to a resident when travelling in transport, their social care was at times impacted, where sufficient staff were not on duty in the evening time, to provide them with the staff support that they required, so that they could safely use the centre's transport to get out and about. At the time of this inspection, a review of day-time staffing levels in line with residents' current assessed needs, was also not completed by the provider.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had ensured that staff had received up-to-date training in areas appropriate to their role. Where refresher training was required, this was scheduled accordingly. All staff also received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found multiple areas of not-compliance, which did not assure the Chief Inspector, this centre was being effectively overseen and managed by the provider.

Overall, considerable improvement was required to the provider's oversight and management arrangements for this centre. With regards to risk and safeguarding arrangements, failings were found in the provider's ability to respond effectively to incidents that were occurring, to ensure the safety of staff and residents. Although the provider was in the early stages of planning a transition from this centre, the information provided about incidents that were continuing to occur, had not been utilised effectively by them, to inform on any interim arrangements that needed to be put in place, so as to ensure the safety of other residents, the safety of staff, and to ensure quality of care and support was maintained.

There was also a lack of urgency on the part of the provider, to ensure adequate resources were made available to this service. This was found to have a negative impact with regards to the review of, and accessibility of, suitable staffing and multi-disciplinary resources. For example, there was prolonged delays in providing the required multi-disciplinary supports to a resident, who was assessed as requiring this input, approximately four months prior to this inspection. This was an issue that was known to the provider, and which was also a finding of the most recent six monthly provider-led visit, completed in June 2024. However, at the time of this inspection, this additional resource was still not made available to this resident, and there was a lack of urgency on the part of the provider, to prioritise this on-going issue. Furthermore, despite the outcome of monthly incident reviews, providing clear indication to the provider for the need to review staffing levels, a review into additional staffing resources, had not been completed.

In addition, although there was a clearly defined management structure in place, the capacity of these persons required review, as their other responsibilities to the provider, posed limitations to their ability to carry out their roles and responsibilities, associated with ensuring this centre was effectively managed. This had a profound impact on the managerial presence in this centre, to oversee the delivery of care, and on their ability to identify, respond to, and effectively manage issues that were arising in this centre.

Although the provider had their own monitoring systems in place, which had

identified many of the aforementioned failings to the oversight of the quality and safety of care in this centre, this had not resulted in these issues being addressed by the provider, at the time of this inspection.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose at the centre, and it contained all information as set out in the regulations.

Judgment: Compliant

Quality and safety

While this inspection did identify examples of where care was delivered to a good standard by staff, there were various areas that required significant attention of the provider, to ensure better arrangements were in place relating to aspects of safeguarding, residents' assessment and personal planning, to the review of the suitability of furnishings to a resident's bedroom, and particularly in with regards to risk management.

In response to the assessed needs of one resident, behavioural support was a fundamental aspect of care, that was required to be provided in this centre. There was clear guidance available to staff in relation to managing this resident's behaviours, regular input from a behaviour support specialist, and consistent reporting by staff of all behavioural incidents that occurred. Although the provider was informed following a re-assessment of this resident's needs that they did require an individualised service, the provider's overall management of risk, safeguarding and incidents that continued to occur, while this resident continued to live in this centre, required considerable review. Even though staff did routinely utilise the incident reporting system to alert local and senior management of what incidents were occurring in this centre, this did not always result in the provider implementing robust assessment, monitoring and review processes, to ensure the safety of all residents and staff in this centre.

Staff who supported these residents had done so for a number of years, and were familiar with their assessed needs, and in their roles and responsibilities for providing them with the care and support that they needed. However, failings were found on the part of the provider, in relation to the provision of required multi-disciplinary professionals, which was having a negative impact on the quality of care provided. For example, one resident had been waiting to have a review by an allied

health care professional for a number of months, in response to their safety needs when travelling in transport. This was an issue known to the provider; however, this had not resulted in any urgency being placed on prioritising this assessment to be made available to them.

Even though this centre was maintained to a good standard, this inspection found that the provider had not ensured a similar standard was provided to the bedroom of a resident who had complex behavioural support needs. This particular resident often engaged in behaviours that required daily deep cleaning of their bedroom. However, upon visiting this room, there was a noticeably unpleasant odour, identified by inspectors. Although the behaviour exhibited by this resident was well-known, this had not resulted in the provider reviewing the resource of suitable furnishings to this resident's bedroom, so as to provide them with a more pleasant bedroom space.

In response to incidents which had previously occurred, safeguarding was also another key aspect of care provided in this service. Staff who met with the inspectors were well aware of the safeguarding concerns in this centre, and of the recommended safeguarding measures that they were to implement, so as to keep residents safe from harm. However, failings were again found in relation to the provider's safeguarding arrangements for this service. In response to incidents which had previously occurred, four safeguarding plans were required, to keep residents safe. Separate to these plans, in recent weeks, a further safeguarding related incident was reported by staff, which warranted referral to the designated officer for review. However, this referral was made a few weeks prior to this inspection, with the centre still awaiting the outcome of this review. In the meantime, the provider had not put any additional safeguarding arrangements in place, placing the affected residents at risk of a similar incident happening to them.

Overall, deficits in the provider's oversight of key aspects of this service, was having impact on the quality and safety of care that these residents were receiving. While this provider had a plan in place to transition a resident to a more suitable service to meet their needs, other residents continued to live in a centre that experienced a high volume of incidents, some of which had placed them and the staff supporting them at risk. Failings in the provider to recognise the need for effective interim measures, in response to incidents that were continuing to occur, did not lend to a service, that was receiving the type of oversight, and on-going review that it currently needed from the provider.

Regulation 12: Personal possessions

Residents had their own bedrooms in which to store their personal possessions. Residents could lock their own rooms, if they wished and each bedroom had ample storage for their clothes and valuables. The staff team also maintained a log of residents' personal items which promoted the safeguarding of personal possessions.

Residents required support in regards to managing their finances, including paying

for items both with cash and via cashless transactions. The provider had a system in place to ensure that residents' personal finances were not used inappropriately, and a staff member explained to the inspector how this system operated. The system comprised of maintaining receipts for all transactions made, and also an associated record of spending in a ledger format. The centre's team leader explained that the resident's individual bank statements were also regularly reviewed, as an additional safeguarding measure.

Judgment: Compliant

Regulation 17: Premises

Since the last inspection, the provider had improved the maintenance arrangements for this centre, which had resulted in better and more timely responses, where any repair or upgrade works were required to this premises. However, further improvements were identified upon this inspection in relation to a resident's bedroom.

For one particular resident, their bedroom required specific deep cleaning on a daily basis by staff. Although much effort was being made by staff to implement the recommending cleaning, there was a noticeable strong odour within this bedroom, that the current cleaning regime was unable to eliminate. Upon review of this bedroom, inspectors observed that aspects were poorly maintained, with gaps to flooring and architrave, which posed a risk of seepage. In addition, materials of furniture and surface finishes that this bedroom was fitted with, posed challenges to the provider to be able to assure that effective cleaning could occur. This resulted in the resident residing in a bedroom, where this unpleasant odour was persistently present, which required attention from the provider, to address.

Judgment: Not compliant

Regulation 20: Information for residents

There was a Residents' Guide available in the centre, which contained all information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

This inspection found that considerable improvement was required to the risk management systems, to ensure they were effectively responding to specific risks that were occurring in this centre.

An urgent action was issued to the provider, in relation to two separate incidents, where staff had raised concerns regarding the welfare of a resident. Although these were known to management, and had been reviewed, this had not resulted in establishing if any safeguarding and/or risk management measures were required, to protect the safety and welfare of this resident. Subsequent to this inspection, written assurances were received from the provider that this was addressed.

Although incidents occurring in this centre were subject to review, this did not always result in timely addressing, managing, and monitoring of potential risks. This was found primarily in relation to the provider's response to behavioural related incidents, which posed a risk to staff safety, and to the safety of other residents living in the centre. The provider failed to ensure that they had in place adequate mitigation measures to respond to well known risks until longer term solutions were in place.

Failings were also found in the provider's oversight of the arrangements in place for the review and monitoring of identified resident related risks. For example, for one resident who had assessed behavioural support needs, they sometimes engaged in self-injurious behaviour, that posed a risk to their overall welfare and safety, whereby, they sometimes required medical review. Upon review of reported incidents, inspectors observed where an incident of this nature had recently occurred. However, it was unclear from the documentation available, if a medical review of this resident had happened following this incident. Furthermore, the protocol in place to guide staff on what to do in such circumstance, required significant review to ensure better clarity was provided to staff, in relation to the steps they were to follow, where this resident placed themselves at risk of injury.

There was also improvement required to the overall assessment of risk in this centre. Although there was a risk register available, it failed to clearly demonstrate what measures the provider was putting in place in response to specific risks in this centre, such as, risk to staffing resources, risks posed to the centre's oversight and management arrangements, behavioural related risks, safeguarding, and residents' access to required multi-disciplinary supports.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, to include, a fire detection system, all staff had received up-to-date training in fire safety, daily fire safety checks were completed, and external and internal emergency lighting was in place. Fire drills

were occurring on a very regular basis, and the records of these demonstrated that staff could support residents to evacuate in a timely manner. Each resident also had an evacuation plan, guiding staff on what support residents needed to safely evacuate the centre.

Over the course of this inspection, two issues were identified in relation to fire precautions and these were promptly addressed before close of this inspection. For instance, two night-time fire drills had been completed in the last few months; however, upon review of these, inspectors noted these had not included all residents, one of whom had assessed communication needs. When brought to the attention of the person in charge, they made arrangements to have this scheduled for the days subsequent to this inspection. Secondly, upon walk-around of this centre, a significant gap was observed to the bottom of an upstairs fire door. Again, when brought to the attention of the person in charge, who made immediate arrangements for this to be reviewed by a competent person.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While the provider did have assessment and personal planning arrangements in place, aspects of these also required significant improvement.

For a number of months, a resident who was assessed as requiring multi-disciplinary input, in relation to the review of their safety while in transport, was still awaiting this review at the time of this inspection. The delay in getting this review, had resulted in a prolonged impact on this resident's ability to get out and about, and they were dependent on additional staff support, which was not consistently made available to them, so that they could safety travel. Although this was a known issue to the provider, they had failed to adequately respond to this, in accordance with the resident's assessment of need.

Improvement were also needed to some aspects of residents' personal planning. For instance, for one particular resident who required specific personal and intimate care and support, due to their behavioural support needs, a review of the documentation supporting this aspect of their care required review, so as to ensure it better guided on the specific care and support they did require from staff on a daily basis.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Some residents who used this service required supports with their behaviours. An

inspector reviewed a behavioural support plan and found that it was comprehensive in nature and gave a clear outline of the resident's care requirements. The support plan highlighted the known behaviours of concern, and included triggers which could increase the likelihood of these behaviours occurring.

The centre also had a number of restrictive practices in place such as two intermittently locked doors, locked storage press and also the use of a lap belt. An inspector found that there was good oversight of the use of these practices with all restrictions recently reviewed by an oversight committee. In addition, the staff team clearly demonstrated that the least restrictive practice was used at all times and that where possible restrictive practices were eliminated.

Staff who met with the inspector had a good understanding of a resident's behavioural support requirements and they outlined how the introduction of an additional activity room for this resident, had made a positive impact on managing their behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding arrangements in place, which included, the appointment of a designated person to investigate and manage allegations of abuse, and the staff team had also completed safeguarding training.

Although safeguarding arrangements were in place, inspectors found that significant improvements were required in this area of care. Five months prior to this inspection, senior management were informed following a re-assessment of a resident's needs, that they required an individualised service due to compatibility issues. The provider had responded by providing an additional activity room for the resident which alleviated some issues; however, negative peer to peer interactions continued, and as a result, four safeguarding plans were introduced to keep residents safe.

Of additional concern to inspectors, was a separate safeguarding incident which occurred in the weeks prior to this inspection. The centre's designated officer was informed; however, there was no interim safeguarding plan in place on the day of inspection. In addition, two other residents had been adversely affected by this incident, but safeguarding plans previously introduced to keep them safe, had not been reviewed or updated.

Judgment: Not 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Tí Geal Services OSV-0004074

Inspection ID: MON-0044600

Date of inspection: 01/10/2024

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>A new Person in Charge has been appointed, and will commence as the Person in Charge on the 11/11/2024. This person is familiar to the service and has previously been Team Leader in this service. The Person in Charge will work full time in the service. The newly appointed Person in Charge will be supported on a weekly basis on one of the scheduled administration days per week by the PPIM. An additional support has been arranged with a Person in Charge of a Designated center in the locality.</p> <p>Ability West has also appointed two additional Area Service Managers/PPIMs ,one will commence in post in December 2024, the second will commence in post in January 2025.</p> <p>Completion:11/11/2024.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>An immediate review of the staffing levels in Ti Geal service has been completed. This was completed by the PIC, PPIM and the Director of Operational Supports and Services. This was completed in line with the assessed needs of residents. The review resulted in the assignment of an additional sleep over resourced to the Designated centre to ensure that the number of staff at night is appropriate to the assessed needs of residents. Completion date: 04/10/2024.</p>	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>On review the following has been put in place – New control measures of increase in resources - night duty staff put in place immediately, and 1:1 staffing at critical times in the house. An interim safeguarding plans put in place and implemented. The PPIM is linking with the Director of Clinical Supports and Services with regard to speedy response to multidisciplinary input. Incident review by PIC and PPIM on a daily basis to ensure an immediate response to any incidents. Additionally, incidents reviewed on a scheduled weekly basis by Quality and Client Services review group. Completion date: 08/11/2024.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>New purpose specific furniture has been order for the resident’s bedroom, to ensure cleaning schedule is in line with IPC requirements.</p> <p>A schedule of works has been agreed to address the architrave and gaps to flooring. This work will be completed by the 30/11/2024.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>An immediate review of two incidents, recorded on dates in August and September 2024, was conducted by the PIC, PPIM, Interim Director of Operational Supports and Services, and the Director of Operational Support and Services. The review involved consultation with the Head of Social Worker and the Designated Officer. The outcome of the review was that an interim safeguarding plan was completed and implemented, including a protocol as a preventative measure.</p> <p>A number of actions undertaken including incident management review process put in place. Risk assessments and risk register updated to outline control measures and preventative measures.</p> <p>An after action review was conducted for service and organisational learning. This resulted in further information sharing for staff on safeguarding, and protocol put in place for such future occurrences.</p> <p>Completed: 31/10/2024.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

An Occupational Therapy assessment was completed on the 15/10/2024 as rescheduled. The additional recommended supports trialed in day services have now been approved for the resident's support on transport in their residential service.

A review of the resident's personal and intimate care support plan was completed and plan is now updated to reflect clear guidance on their specific care and support.

Completed: 15/10/2024.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

A review of all recorded incidents for one resident since January 2024 was undertaken to confirm no similar incidents of 25/08/2024 and 15/09/2024 were recorded.

Following review of needs of residents, one resident has been identified as requiring an individualised service, and developments are in progress to facilitate this. In the intervening period, an interim safeguarding plan was completed and implemented and additional resources put in place to support residents.

Incident review by PIC and PPIM on a daily basis to ensure an immediate response to any incidents. Additionally, incidents reviewed on a scheduled weekly basis by Quality and Client Services review group. The outcome of such reviews ensures timely action through the line management structure.

Completed: 28/02/2025 - in relation to individualised service; 31/10/2024 - all other actions completed.

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 14(5)	The registered provider shall ensure that he or she has obtained, in respect of the person in charge, the information and documents specified in Schedule 2.	Not Compliant	Orange	11/11/2024
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	04/10/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/11/2024

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	08/11/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/10/2024
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.	Not Compliant	Orange	15/10/2024
Regulation 05(4)(a)	The person in charge shall, no	Substantially Compliant	Yellow	15/10/2024

	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 paragraph (1).			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	28/11/2025