



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

## Issued by the Chief Inspector

Name of designated centre:	Raceview Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	05 November 2024
Centre ID:	OSV-0008242
Fieldwork ID:	MON-0036739

## About the designated centre

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

Raceview Services provides a supported accommodation service for four male adults with an intellectual disability who have been identified as requiring a support level ranging from minimum to profound as per agreed medical and psychological classifications. The centre comprises of a dormer style two-storey house located in an urban residential area close to a range of amenities and public transport. Each resident has their own bedroom and there is a variety of shared living space. Residents have access to a large garden area and the centre has its own vehicle available for residents to access the community. Residents at Raceview Services are supported by a staff team which includes both social and care staff including at night time.

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

Number of residents on the date of inspection:	3
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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
Tuesday 5 November 2024	11:00hrs to 17:00hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was an announced inspection, carried out following receipt of an application to the Chief Inspector of Social Services to renew registration of the centre and, to monitor compliance with the regulations and follow up on non compliance's identified at the last inspection. The inspection was facilitated by the person in charge and area manager. The inspector also had the opportunity to meet with three other staff members.

There were four male residents with full-time residential placements, however, some residents did not not reside in the house on a full-time basis. One resident spent three nights a week and another four to five nights a week living in the centre, spending the remainder of the week at home with their families. On the day of inspection, there were three residents availing of the service. The inspector met and spoke with two of the residents while the other resident indicated that he did not wish to engage with the inspector. The inspector also reviewed two questionnaires which residents had completed in advance of the inspection, regarding their views of the service.

The local management team outlined that residents were generally in good physical health but required supports with mental health issues and some in managing complex behaviours. One resident had been assessed as requiring 1:1 staff support while living in the centre and 2:1 staff support while out in the community. This resident had been identified as requiring a more individualised service in order to better meet their assessed needs. There had been ongoing consultation with family members and the psychologist with regards to putting a plan in place for an identified more appropriate service. The person in charge had continued to review staffing arrangements and outlined the changes to night time staffing recently put in place in response to identified risk.

Raceview services is a dormer style two-storey house designed and laid out to meet the number and needs of residents. It had been extensively renovated in early 2022 and was finished to a high standard. It was spacious, bright, visibly clean and furnished in a homely style. There were four large bedrooms, two with en suite shower facilities for residents use. Three of the bedrooms were located on the ground floor and one bedroom was located on the first floor. Bedrooms were decorated and furnished in line with residents individual preferences. Each bedroom had a television, adequate storage space for personal belongings and were personalised with family photographs and other items of significance to each resident. There was an additional bathroom/shower room available on each floor. There were two additional bedrooms available for use by staff. There was a variety of communal day spaces available including a well equipped kitchen, dining room, two sitting rooms and a conservatory. There was a separate utility room, storage rooms and an external store. Residents had easy access to well maintained and secure mature garden areas with suitable outdoor furniture provided for residents use. There were a number of basketball hoops, football goals and treadmill

available. There were photographs displayed of residents enjoying the outdoors, playing basketball, football and hosting summer BBQ's. The building was accessible with suitable ramps provided to the front entrance area and adequate car parking spaces provided.

Residents normally attended day services during the daytime and one resident independently used public transport to go to work in a local equestrian centre five days a week. The inspector met with two of the residents during the afternoon of the inspection on their return to the centre. Both residents were in good form and told the inspector how they had enjoyed their day. They appeared content and relaxed in their environment. They set about their own routines and were observed making cups of tea and chatting with staff in a familiar way. One resident told the inspector how they enjoyed playing football, tennis or going to the cinema with their volunteer and were making plans to meet up and go out later in the evening. They also spoke about how they had enjoyed a trip to London at the weekend with family. Another resident told the resident how he liked living in the house and got on well with everyone. He had enjoyed attending a disco at Halloween and enjoyed being involved in a arts projects. He relaxed with a cup of tea in one of the living rooms while completing an arts and crafts activity.

From conversations with staff and residents, a review of completed questionnaires, observations made while in the centre, and information reviewed during the inspection, it was evident that residents lived active and meaningful lives, had choices in their lives and that their individual rights and independence was very much promoted. Staff continued to support residents in keeping active and partaking in activities that they enjoyed both in the house and out in the community. Residents decided on and planned their preferred activities at the fortnightly house meetings but could also decide to choose their preferred activity on a daily basis. Residents continued to enjoy regular activities including bowling, going to the cinema, going for walks, going on day trips, eating out and getting takeaways. One of the residents was actively involved in an number of Special Olympics sporting activities including basketball, swimming, football and kayaking. Some residents enjoyed going out for a 'pint' at weekends, others enjoyed going to the amusement parks, arcades and visiting charity shops to buy CD's. Residents also enjoyed spending time in the house, relaxing, listening to their preferred music, listening to prayers on 'You Tube', completing arts and crafts activities, spending time outside in the garden and using the treadmill. Residents' independence was very much promoted. Some residents liked to help out with shopping, cooking, cleaning and laundry. One resident was supported to spend short periods of time on their own in the house, independently used public transport and went about his own routines on a daily basis. Some residents independently used the key code to leave and gain entry to the house, some had their own mobile telephones which they used to keep in contact with staff, friends and family.

Visiting to the centre was facilitated in line with national guidance. Residents were supported to receive regular visits from their family members and all residents regularly visited and stayed at home with their families. Staff reported that there was regular and ongoing communication with all families.

The area manager advised that following the last inspection, clarity had been sought regarding the management and payment of utility bills. They advised that residents were not required to contribute to the payment of utility bills such as heating or electricity, however, improvements were still required to ensure that charges were clearly set out in the individual contracts of care.

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

## Capacity and capability

The management team had organised systems and processes in place to ensure that they had oversight arrangements to monitor the quality and safety of care received by residents. The findings from this inspection indicated that the centre was being well managed. The issues identified in the compliance plan from the previous inspection had largely been addressed, however, individual contracts of care still required review and updating to accurately reflect charges to residents.

The person in charge worked full-time in the centre. They were responsible for the day-to-day operational management of the centre and demonstrated clear knowledge of the service and knew the residents well. They were supported in their role by a staff team and area manager. There were on-call management arrangements in place for out-of-hours. The on-call arrangements were clear and readily accessible to staff in the centre.

The person in charge had continued to review staffing to ensure that arrangements were appropriate to meet the assessed needs of residents. Staffing arrangements at night time had recently changed in response to identified risk and safeguarding concerns. Staffing levels varied on a day to day basis depending on the number and assessed needs of residents staying in the centre. There were two staff vacancies at the time of inspection, however, regular agency staff were being used to cover shifts. The area manager advised that recruitment for the vacant posts was on-going. Rosters reviewed for the weeks commencing 28 October and 4 November 2024 indicated a core team of consistent regular and agency staff in place.

Training records reviewed by the inspector and conversations with staff provided assurances that the staff were provided with ongoing training. Records reviewed by the inspector indicated that all staff including relief and agency staff had completed mandatory training. The person in charge had systems in place to ensure that staff were provided with comprehensive induction training, to ensure that training was regularly reviewed and discussed at team meetings.

The providers' systems for reviewing the quality and safety of the service included

six-monthly provider-led audits and an annual review. The most recent provider led audit had been conducted on the 18 October 2024. The review was found to be comprehensive and many of the improvements identified had already been addressed, some further repair works were being completed on the day of inspection and there were other works planned to the electric entrance gates later in the week.

The person in charge had an audit schedule in place and continued to regularly review areas such as restrictive practices, risk, infection prevention and control, incidents and accidents, medication management and residents finances. The person in charge met with the area manager to complete monthly reviews of the service including a review of identified risks.

### Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

### Regulation 14: Persons in charge

The post of the person in charge was full-time. The person in charge had the necessary experience and qualifications to carry out the role. They worked full-time in the centre with 16 hours allocated to their operational management role. They were knowledgeable regarding their statutory responsibilities and the support needs of residents. They showed a willingness to ensure on going compliance with the regulations.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge had continued to review staffing levels. The provider had allocated additional resources in response to identified risk and safeguarding issues to ensure additional staffing were rostered on active duty at night time when required. There were two staff vacancies at the time of inspection, however, regular agency staff were being used to cover shifts. The area manager advised that recruitment for the vacant posts was on-going. Staffing rosters reviewed were clear and well maintained. Pictorial staffing rosters were also available and clearly



displayed in the kitchen area so that residents could easily check what staff were rostered for duty.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

Staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including various aspects of infection prevention and control, medicines management, epilepsy medication, feeding, eating and drinking guidelines, dignity and respect in the workplace and human rights.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who availed of the service in this centre. There was a clearly defined management structure in place as well as an on-call management rota for out of hours and at weekends. The provider continued to monitor and review the quality and safety of care in the centre and action plans as a result of these reviews had either been addressed or were in the process of being addressed.

There was evidence of ongoing consultation with residents and their representatives. The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of the residents.

The compliance plan submitted following the previous inspection had largely been addressed and there was good compliance with the regulations reviewed on this inspection.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Improvements were required to individual contracts of care to accurately and clearly outline the charges and fees for residents. While the area manager advised that there were no additional charges for residents, a contract of care reviewed indicated that contributions were required to cleaning, household costs, routine maintenance and repairs.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose submitted with the recent application to renew registration of the centre. The statement of purpose was found to contain the information as set out in Schedule 1 of the regulations.

Judgment: Compliant

### Quality and safety

The inspector found that the local management team and staff were committed to promoting the rights and independence of service users and ensured that they received an individualised safe service. The provider had adequate resources in place to ensure that residents had opportunity and engaged in activities that they enjoyed on a regular basis. This was largely due to appropriate staffing and transportation arrangements, as well as efficient planning and resident consultation, with regard to their preferred activity choices. Residents that met the inspector appeared to be comfortable in their environment and with staff supporting them. Improvements required to assessment and personal planning identified by the last inspection had been addressed.

The inspector reviewed the files of two residents and noted that comprehensive assessments of the residents health, personal and social care needs had been completed. A range of individual risk assessments had been recently updated. Support plans were in place for all identified issues including specific health-care needs. Support plans were found to be comprehensive, informative, person centered and had been recently reviewed. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services.

The person in charge and area manager had systems in place for the regular review of risk in the centre including regular reviews of staffing, safeguarding, communication needs, behaviour of concern and compatibility. Identified risks and the assessed needs of residents were regularly discussed with staff at regular scheduled meetings. The local management team continued to escalate identified

risk to the senior management team and reported on positive outcomes for residents as a result. For example, staffing arrangements at night time had recently been changed in response to identified risk and safeguarding concerns. There were regular meetings with family and the psychologist in relation to a resident identified as requiring a more individualised service. The local management team reported how the provider was actively engaging with the resident and their family, with a view to providing suitable alternative living accommodation in line with the recommendations of the psychiatrist and in order to meet the residents assessed needs.

### Regulation 11: Visits

Visits to the centre were being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. There were no restrictions on visits to the centre. Residents were supported to maintain regular contact with their families and regularly visited family members at home.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents continued to be involved in activities and tasks that they enjoyed in the centre and in the local community. Some residents continued to attend day services and one resident was in employment. The centre was close to a range of amenities and facilities in the local area and nearby city. Some residents independently used public transport to get about while the centre also had its own vehicle which could be used by residents. Residents spoken with confirmed that they could choose how they spend their day and the activities they wished to attend or partake in.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual needs. The house was found to well maintained, visibly clean, furnished and decorated in a homely style. There was a variety of shared communal living spaces available and an adequate number of toilets and shower facilities. Residents had access to well maintained and secure mature garden areas. The

building was accessible with suitable ramps provided to the front entrance area.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was reflective of risk in the centre. All residents had a recently updated personal emergency evacuation plan in place. Fire drill records reviewed by the inspector indicated that all residents could be evacuated safely in the event of fire. There were regular reviews of incidents, medication management, restrictive practices as well as infection prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections. There was evidence of good practice in relation to infection prevention and control. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. There was a colour-coded cleaning system and a documented cleaning programme being implemented at the centre. Suitable facilities were provided for the storage of cleaning equipment. The building, environment and equipment were visibly clean and well maintained. The person in charge continued to review infection, prevention and control on a regular basis, actions required as a result of a recent audit had been addressed.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. New staff including agency staff received comprehensive induction training in-house on the workings of the fire alarm system and in relation to the centres emergency evacuation procedures. Regular fire drills were taking place involving all

staff and residents. Fire drill records reviewed by the inspector indicated that residents could be evacuated safely in a timely manner.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. There was evidence that risk assessments and support care plans were regularly reviewed, and updated as required.

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 progress reviewed. The inspector noted that individual goals were clearly set out for 2024, many of the goals had already been achieved while others were in progress. There were a range of photographs showing residents clearly enjoying fulfillment of their goals.

Judgment: Compliant

### Regulation 6: Health care

The local management and staff team in consultation with residents and their families continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of two residents' files indicated that residents had been reviewed regularly by the GP, psychologist, psychiatrist, behaviour therapist, occupational therapist, speech and language therapist, chiropodist and dentist. Residents were supported to avail of vaccine programmes if they wished.

Each resident had an up-to-date hospital and communication passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents that required support with behaviours that challenged had access to specialists in behaviour management and written plans were in place. Staff spoken with reported that there were good supports in place from the behaviour support specialist. Support plans were regularly reviewed by the behavior support therapist who also attended team meetings and discussed strategies with staff.

The registered provider was aware of the impact of behavioural escalations on others and a resident requiring a high level of support had a 1:1 staff ratio in place while in the centre and 2:1 staff ratio while out in the community.

Staff members had received training in order to support residents manage their behaviour and were familiar with early warning signs and strategies as set out in the positive behaviour support plan.

There were risk assessments and protocols in place for restrictive practices in use and these were maintained under regular multi-disciplinary review and the organisation's human rights committee.

Judgment: Compliant

## Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect as well as the actions required to protect residents from harm. The topics of safeguarding and advocacy were discussed with residents at house meetings. The person in charge had notified the Chief Inspector of a number of safeguarding incidents in recent months. All incidents had been reported to the designated officer and the inspector was satisfied that they were investigated and being managed in line with the safeguarding policy. Staffing arrangements had been reviewed as a result of a recent increase in safeguarding incidents during the night time hours. There was now an active waking night staff on duty on the nights when specific residents were availing of the service at the same time. At the time of inspection, there was one active safeguarding plan in place and the inspector was satisfied that this plan was being implemented appropriately in consultation with the resident involved. Regular key worker sessions were taking place and the resident was waiting on a response from the national advocacy service for further independent advice and guidance on the issue.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. A range of visual and easy-to-read communication tools were available for residents, including visual staff rosters, menu plans and social stories. Residents were supported to communicate in accordance with their needs and to avail of advocacy services. Restrictive practices in use were reviewed regularly by the organisations human rights committee. There was evidence of ongoing consultation with residents, on a daily basis, at regular house meetings and individually at key working sessions. Residents continued to be supported to partake in activities and tasks that they enjoyed in the centre and in the local community.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Raceview Services OSV-0008242

Inspection ID: MON-0036739

Date of inspection: 05/11/2024

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>Contracts of care for each Resident have been reviewed and amended to clearly outline the charges and fees individual to each Resident within the Centre. They have been re issued to each Resident for review and sign off and will then be resigned by an Ability West Representative.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	09/11/2024