



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

Issued by the Chief Inspector

Name of designated centre:	Grangemore Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	06 July 2022
Centre ID:	OSV-0001493
Fieldwork ID:	MON-0036518

About the designated centre

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

Grangemore Services can support up-to-five residents with an intellectual disability. Residents with autism, epilepsy and mental health needs can also be supported at this centre. The centre is a large detached two storey house located in a residential suburban area of a large city. Each resident has their own bedroom. Residents are supported to attend activities in their local community in line with their expressed wishes. Some residents attend individual day services and one resident is supported with an individualised day programme from the house. Residents are supported by a combination of social care workers and social care assistants, and a sleep in arrangement is in place to support residents during night-time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 July 2022	09:30hrs to 17:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This inspection was completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the *National Standards for infection prevention and control in community services* (HIQA, 2018).

The inspection was unannounced. On arrival at the centre, the staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering. Staff on duty confirmed that there were no staff or residents with signs or symptoms of COVID-19 or any other active infections in the centre and that residents being accommodated had no known infection risks.

The inspector met and spoke with staff members on duty and with the five residents who lived in the centre. Residents were in good form and told the inspector that they were happy living in the centre. They stated that they liked the house, their bedrooms, the locality and got on well with one another. They appeared to be content and comfortable in the company of staff. Staff were observed to know the residents well as they chatted and interacted with residents in a friendly, caring and respectful manner.

Grangemore services is a two-storey detached house located in a residential area close to a city. The house has six bedrooms and all residents are accommodated in individual bedrooms. Two bedrooms are located on the ground floor and three bedrooms are located on the first floor. There is another bedroom located on the first floor which is used as an office and by staff who sleep over in the centre. Each bedroom is personalised and decorated in line with residents' preferences. There is adequate personal storage space provided in each bedroom. There is an accessible shower room and separate toilet provided on both floors. There is a variety of communal day spaces including two living room areas, a large kitchen and dining area and utility room. Residents have access to well-maintained gardens to the front and rear of the house. There is a large paved area to the rear with outdoor furniture provided. There was a variety of shrubs and some pots which residents had planted with salad leaves.

There were cleaning schedules in place and records reviewed showed that cleaning was completed on a regular on going basis, however, the centre's vehicle was not included in the cleaning schedule. The centre was found to be generally well maintained in a visibly clean condition, although some toilet and bathroom areas required more thorough cleaning. Some areas of the centre including the staff office/bedroom, ground floor toilet and first-floor shower room required repair and refurbishment in order to further enhance infection prevention and control.

Residents told the inspector how they continued to be supported to enjoy and partake in meaningful activities in the centre and in the local community. Four of the residents were supported to attend day services locally, while another resident was

supported with an individualised day service programme from the house. Residents spoken with advised that they enjoyed attending day services during the weekdays and partaking in activities of their choice in the evenings and at weekends. The resident who was supported with an individualised service told the inspector that he enjoyed being able to decide on activities and day trips of his choice on a daily basis. The centre was located close to a range of shops, amenities, leisure facilities and public transport. The centre had its own mini bus which residents could use to go on trips and to attend activities. Some residents used the public bus to go on shopping trips in the local city. Residents enjoyed going for regular walks in the local area, grocery shopping, shopping for personal items, the cinema and sporting events. Some residents regularly went sea swimming, some enjoyed walks on the beach and others enjoyed playing soccer. Residents reported that they enjoyed going out for coffee, eating out at local restaurants, going to discos and getting take away meals. Residents also enjoyed time spent relaxing in the house, watching films, listening to music and making jigsaws. Residents told the inspector that they were planning and looking forward to going on holidays as a group. Residents' independence was very much promoted. Residents enjoyed helping out with household tasks, such as attending to laundry, helping with the preparation and cooking of meals, gardening and cutting the grass.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information on COVID-19, infection prevention and control protocols including techniques for hand washing, cough etiquette and social distancing, as well as staffing information were made available to residents. Staff had established residents' preferences through the personal planning process, regular house meetings, and ongoing communication with residents and their representatives. Residents told the inspectors how they decided and planned the weekly menu in consultation with one another at the weekly house meetings. There were pictorial menus available to assist some residents in choosing their preferred options.

The inspector noted that the privacy and dignity of residents was well respected by staff throughout the inspection. All residents had their own bedrooms and each resident had a documented intimate care plan in place. Staff on duty were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support. Staff spoken with were very knowledgeable regarding residents' wishes, preferences and interests. There was a warm and friendly atmosphere in the centre. A review of the minutes of house meetings indicated that all residents were satisfied that their privacy was well respected by staff and that they felt safe living in the centre.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. There were posters displayed outlining the required protocols and precautions in place regarding infection prevention and control for all visitors entering the centre. The entrance hall was supplied with a hand-sanitising dispenser, face masks and signage was displayed reminding visitors to sanitise their hands. There was plenty of space for residents to meet with visitors in private if

they wished. Residents were supported to regularly visit family members at home and to maintain contact by regular telephone calls.

All staff including relief staff spoken with confirmed that they had received a range of training in relation to infection prevention and control. Staff spoke about how infection prevention and control was part of their daily routine in the centre and important in providing safe, effective care and support for residents. Staff showed a clear understanding and were generally seen to implement their knowledgeable regarding infection, prevention and control protocols in the centre, however, more thorough cleaning of some bathroom and toilet areas was required.

From conversations with staff and residents, observations in the centre and information reviewed during the inspection, it appeared that residents were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices and they had the opportunity to partake in activities that they enjoyed.

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

Capacity and capability

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the *National Standards for infection prevention and control in community services* (2018). However, some improvements were required to the on-call management arrangements during the weekdays and a small number of areas in the house required more thorough cleaning, repair and refurbishment in order to further enhance infection control in the centre.

There were clear governance and management arrangements in place that ensured clear lines of accountability and responsibility for the prevention and control of health-care-associated infection in the centre. The person in charge worked full-time in the centre and was responsible for, and maintained oversight of infection prevention and control in the centre. The person in charge was supported by the assistant director of client services. There was on-call management arrangements in place for out of hours at weekends, however, on-call arrangements during the weekdays required review. There were no formal on-call management arrangements in place to ensure that staff were adequately supported out of hours during the weekdays.

The staffing arrangements sought to safeguard residents from the risk of preventable infection and were in line with the assessed needs of residents as set out in the statement of purpose. On the day of inspection, there were two staff on duty during the morning and three staff on duty in the evening time. There was one staff member rostered to sleep over in the centre at night-time. There were

normally three staff on duty at weekends. Many of the staff team had worked with the residents over a sustained period, were very knowledgeable about their needs and wishes and had developed good relationships with the residents. The photographs of staff on duty were displayed so that residents could be reminded or check as to which staff were on duty. Cleaning was the responsibility of all staff on duty. The inspector noted that most parts of the centre were generally maintained in a visibly clean condition, however, more thorough cleaning was required around some toilets and shower areas as a build up of grime was evident.

The management team had provided ongoing training for staff. There was a training schedule in place and training was scheduled on an on-going basis. The training matrix reviewed identified that all staff had completed mandatory training in various aspects of infection prevention and control including hand hygiene and putting on and taking off of personal protective equipment (PPE). Staff spoken with confirmed that they had attended a combination of on-line and in-house training. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks. A review of the minutes of team meetings showed that various aspects of infection prevention and control were discussed including scheduled training, hand hygiene, use of face masks, cleaning schedules and updates in relation to COVID-19 protocols.

Staff had access to a range of policies and guidance in relation to infection prevention and control including national guidance. The centre's infection prevention and control policy had adopted the principles of the Health Service Executive (HSE) guidelines on infection prevention and control in community and disability services. It provided guidance to staff on a range of topics, including standard precautions, hand hygiene, cleaning and disinfection, laundry management, decontamination of equipment, dealing with spills, safe use and disposal of sharps, health-care risk waste and guidelines on the management of an outbreak of infection. There were copies of the Health Protection Surveillance Centre (HPSC) guidance, as well as the HSE's national guidance documents available to staff. Staff had access to an infection prevention and control folder which contained important updates and guidance in relation to COVID-19, safe use of masks, putting on and taking off PPE, return to work and visitor protocols.

There was a comprehensive centre-specific COVID-19 contingency plan in place and the provider had set up a critical incidence response team to oversee organisational responses in terms of COVID-19. Risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents and potential risks associated with residents required to isolate in their bedrooms. The HIQA self assessment preparedness, planning and infection prevention and control assurance framework document had been completed and discussed with staff. There was clear guidance and pathways for staff should a resident be suspected or confirmed with COVID-19. The management team were aware of the requirement to notify the Chief Inspector of Social Services of specified events, including suspected or confirmed cases of COVID-19, and to date all of the required notifications had been submitted. An outbreak of COVID-19 earlier in the year resulted in a resident having to self-isolate in their bedroom. The outbreak had been successfully contained and

managed.

The provider had systems in place to monitor and review infection prevention in the centre. Unannounced audits were being carried out twice each year on behalf of the provider. The most recent audits completed in March 2022 had reflected on infection prevention and control and reported that good processes were in place. The annual review dated January 2022 had been completed and had included positive feedback from residents and their families. The quality improvement plan set out that information with regard to COVID-19 including national guidance was to be shared with all staff and residents and that high standards in relation to hygiene and infection prevention and control were to be adhered to. The person in charge continued to complete monthly audits in relation to stock checks for hygiene products and PPE, ensuring that cleaning rotas and visiting protocols were being adhered to, ensuring staff and residents had access to up-to-date information on infection prevention and control and reviewed staff training. A review of recently completed checklists indicated satisfactory compliance with the measures in place.

Quality and safety

The provider had good measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. The inspector found that the services provided were person-centred in nature and residents were informed and supported in the prevention and control of health-care-associated infections. However, improvements were required to some cleaning routines, to the repair of some surface finishes and to the refurbishment of the staff office to ensure that effective cleaning could consistently be carried out.

From observations in the centre and discussions with staff, it was clear that staff understood the importance of infection prevention and control. They had a clear understanding of their roles and responsibilities which in turn informed their daily routines in protecting residents from preventable healthcare-associated infections. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance. Staff continued to monitor residents for sign and symptoms of COVID-19 on a daily basis.

Staff continued to support residents to understand why infection prevention and control precautions were in place. Residents were supported to follow public health guidelines and staff continued to remind residents of the importance of infection prevention and control measures in place. There was evidence of on-going consultation with residents through regular house meetings, at which issues such as COVID-19 updates, protocols for effective hand hygiene, cough etiquette, the use of face coverings, the safe disposal of masks, cleaning schedules and the importance of keeping the house clean and tidy were discussed. Residents had been supported to understand the process of consent for COVID-19 testing and vaccinations through

the use of appropriate user-friendly documentation.

There was clear guidance in place for the management of waste and laundry. The laundry area and cleaning stores were maintained in an organised, tidy and clean condition. Staff spoken with were knowledgeable regarding the laundry instructions and the correct temperatures for laundering clothing.

The provider had a colour-coded system in place for cleaning and disinfection of the premises and equipment. Cleaning equipment was suitably stored. There were reminders displayed regarding the colour coding system in place and staff spoken with were knowledgeable regarding this guidance. There were documented cleaning schedules in place and the inspector noted that cleaning records were completed on a daily basis. Residents did not share equipment however, residents did share toilet and shower room areas and there was a cleaning protocol in place for cleaning these areas following each use. While the centre was found to be generally well maintained in a visibly clean condition, some improvements were required to the cleaning routines for some areas. For example, some parts of the toilet and bathroom areas required a more thorough cleaning as a build up of grime was noted, the centre's vehicle was not included in the cleaning schedule and also required more regular cleaning. Some areas of the centre including the staff office/bedroom, ground floor toilet and first-floor shower room required repair and refurbishment in order to further enhance infection prevention and control and ensure that effective cleaning could consistently be carried out. The office area was cluttered with several boxes and files stored on the floor, the carpet floor covering was stained, therefore the area could not be effectively cleaned. The defective and ill-fitting laminate wall surface to the first-floor shower room, defective wall tiles and exposed pipe work to the ground floor toilet area impacted upon effective cleaning of these areas.

The centre had protocols in place in relation to visitation to the centre and these were reflective of current up-to-date national guidance. There was a supply of face masks and hand sanitizer located inside the entrance door as well as signage to remind visitors of the requirements to adhere to hand hygiene and sanitising arrangements.

Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of residents' files showed that residents had been referred and recently assessed by a range of allied health professionals including physiotherapy, chiropody, psychiatry, psychology, neurology, maxillofacial and dental.

Residents were supported to access vaccination programmes and national screening programmes. Residents had availed of the COVID-19 and influenza vaccine programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

Regulation 27: Protection against infection

The provider had generally met the requirements of Regulation 27 and the *National Standards for infection prevention and control in community services* (2018). While there was evidence of good practice in relation to infection prevention and control noted in many areas, improvements were required to the on-call management arrangements during the weekdays, some areas of the centre required more thorough cleaning, repair and refurbishment in order to further enhance infection control and to ensure that effective cleaning could consistently be carried out.

The provider had developed policies and guidance which were consistent with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018) which were readily accessible to staff. The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable environment, and adequate staffing levels to support residents. 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. Residents were found to be in receipt of good health-care and had timely access to GP's, allied health services and vaccination programmes. Residents were consulted with, kept informed and updated regarding infection prevention and control guidance and measures in the centre.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Grangemore Services OSV-0001493

Inspection ID: MON-0036518

Date of inspection: 06/07/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>More thorough cleaning of toilet and shower areas to be organised with professional cleaning company. Complete by 10/8/22. New cleaning schedule for bus for more effective cleaning (already in place and active from 28/7/22. Renovations planned to the office to include increased storage space and more effective layout. Flooring will also be replaced and all surfaces painted. Work complete by 28/10/2022. Ill-fitting laminate wall surface will be repaired in upstairs toilet to ensure that the surface meets infection prevention and control requirements. Work complete 28/10/2022. Defective wall tiles and exposed pipe work in the down stairs toilet will be boxed off to meet infection prevention and control requirements. Work complete by 28/10/2022.</p> <p>The current on call system which is included in procedures is that Assistant Directors of Client Services are on call for out of hours Monday to Friday for their respective services and on call rota is in place for weekends. Once the current recruitment process within Client services is complete, this will enhance the exiting procedure. December 30th, 2022</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/12/2022