



# 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:	12 May 2025
Centre ID:	OSV-0001493
Fieldwork ID:	MON-0046910

## 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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## How we inspect

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
Monday 12 May 2025	09:40hrs to 15:30hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced focused regulatory inspection to review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). It followed a regulatory notice issued by the Chief Inspector of Social Services in June 2024 in which the safeguarding of residents was outlined as one of the most important responsibilities of a designated centre and fundamental to the provision of high quality care and support.

The inspection was facilitated by the person in charge, the inspector also had the opportunity to meet with three staff members and with two residents who lived in the centre. Residents had lived together for several years and were supported by a staff team who knew them well, most having worked in the centre for many years. Five residents lived in this centre and predominately required support in the area of social care, with positive behavioural support and some had assessed health care needs. There was much emphasis placed on enhancing their quality of life through social engagement, promoting independence, positive risk-taking and integration within their local community. Four residents normally attended individual day services and one resident was supported with an individualised day programme from the house. On the day of inspection, one resident was staying with family, another was visiting family after their day service, two residents were attending their day service.

On the morning of inspection, the inspector met with the resident who was being supported with an individualised day programme from the house, the other residents had already left to attend their day service programmes. They greeted the inspector outside the front door of the house. They advised that they were happy living in the house and were enjoying the warm and sunny weather. They showed the inspector some of their cats which they were feeding outside. The resident was later observed going about their morning routine at their own pace, they were supported to cook breakfast and later in the morning they got ready to go out for the day. They told the inspector how they did not like schedules or timetables and preferred to decide on what to do on a daily basis. They told the inspector that they continued to enjoy being able to decide on activities and day trips of their choice, on a daily basis. They continued to enjoy eating out, going to the pub, feeding wildlife, attending music events, aeroplane watching, and trips on buses, trains and boats. On the day of inspection, they decided to go for a drive, feed the horses and go for a coffee. They spoke about looking forward to a planned boat trip on the river and attending an upcoming disco. They were complimentary of staff supporting them and advised that there were sufficient staff available to support them with personal needs and in getting out and about to partake in their preferred activities.

Later in the afternoon, the inspector met and spoke with another resident as they returned to the house from their day programme. They appeared to be happy and in

great form as they greeted and chatted with staff in a familiar way. They stated that they were getting on well with everyone and liked living in the house. They enjoyed following their own routine in the evenings, relaxing in their own sitting room and watching their preferred DVD's. They mentioned how they enjoyed the meals cooked by staff each evening and also enjoyed getting the occasional takeaway meal.

Grangemore Services is a two-storey detached house located in an 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 are on 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 a variety outdoor furniture, as well as, an new swing egg chair which one resident in particular enjoyed using. There was a variety of colourful plants and flowers which residents had planted. Some residents enjoyed gardening activities and also liked to help out cutting the grass. The house was generally found to be visibly clean and well maintained. There were a number of areas requiring further maintenance and repainting which had been identified by the person in charge and reported to the maintenance department. The person in charge advised that funding had been approved to refurbish and upgrade the utility room, however, these works had yet to be completed.

Staff spoken with and documentation reviewed indicated that all residents led busy and active lives and continued to partake in a range of activities and outings of their choice and were being supported to live independent lives. Some of the residents were regularly involved in sporting activities and trained weekly for the Special Olympics in floor ball and football. One of the residents had recently been selected to play for Connaught football team. Another resident regularly enjoyed going swimming both in the sea and in the pool and was currently taking lessons to improve his swimming strokes. Some residents went horse riding on a weekly basis, some enjoyed hill walking, playing golf, going to the driving range and playing games of pool. Some residents enjoyed going to the pub and attending music sessions, music concerts and attending local discos. Others enjoyed going to the shops and helping out with grocery shopping. Residents had enjoyed overnight trips away to Westport and Killarney in recent months and were looking forward to planning further trips over the summer months. Two of the residents had gone on overseas trips during the past year. Residents also enjoyed spending time in the house, relaxing, listening to music, making jig-saws, watching television, attending to laundry, cooking their meals, making their lunches, attending to their pets, and helping out with household chores.

Residents were supported and encouraged to maintain connections with their friends and families. Visiting to the centre was facilitated in line with national

guidance. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from friends and family and some regularly visited their family members at home.

Residents' rights were promoted and residents had access to information in a suitable format. Important information such as the complaints process, the human right charter, safeguarding information, advocacy services, assisted decision-making information as well as staffing information was made available to residents, displayed and regularly discussed. There was evidence of on-going communication with residents on a daily basis, as well as, through regular house and key worker meetings, satisfaction surveys and through the personal planning process.

The person in charge advised that there were no safeguarding concerns and no safeguarding plans in place. Residents generally got on well with one another, some preferred their own space and own routines while others enjoyed partaking in activities together. It was evident throughout the inspection that both staff and management were person centred in their approach to care and support, and that residents were supported to make their own decisions, and that the safeguarding of residents during activities was balanced with their right to positive risk taking. It was also clear that residents were protected from all forms of abuse, and that there were robust systems in place to respond to any allegations should they take place.

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

There was a clear organisational structure in place to manage the service. The management systems in place ensured that service's approach to safeguarding was appropriate, consistent and effectively monitored. The person in charge worked full-time and was responsible for the day to day operation of the service. The person in charge was supported in their role by the staff team and area manager. There were on-call management arrangements in place for weekends and out-of-hours which were clearly available to staff who worked in the centre.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents and appropriate to meet the safeguarding needs of residents. The inspector noted that there were adequate staff on duty to support residents on the day of inspection. The staffing rosters reviewed for 12 May 2025 to 25 May 2025 indicated that a team of consistent staff known to residents was in place.

Staff recruited to work in the service completed an induction programme which included instruction and guidance on the safeguarding policy and procedures, the role and contact details of designated officer, safeguarding plans if in place and

reporting criteria. All staff recruited were also subjected to checks to ensure their suitability for the role. On request, the inspector was provided with a sample of Garda vetting disclosures for three staff members which were found to be up-to-date. The inspector also reviewed the file for a volunteer who was supporting a resident with social activities over the past number of years and noted that all required information including Garda Vetting was available.

Staff training records reviewed indicated that all staff had completed mandatory training including safeguarding. The person in charge had systems in place to ensure that refresher training was scheduled as required. Additional training had also been provided to staff to support them in their roles. Staff spoken with were able to discuss the learning from their training. They were also knowledgeable about the care and support needs of each resident, and of the individual risks posed to each resident, whether due to behaviours of concern or choice of activities.

The provider had systems in place to monitor and oversee the quality and safety of care in the centre. These systems included monthly meetings with senior management, monthly team meetings, six monthly provider led audits and an annual review of the service. Incidents and concerns relating to safeguarding, positive behaviour supports, restrictive practices, complaints and resident's rights were monitored as part of these reviews. The person in charge had developed a comprehensive monthly safeguarding audit tool to ensure additional oversight of safeguarding. The results of recent audits had not highlighted any safeguarding concerns. The annual review for 2024 included feedback from residents and their families indicating positive feedback and satisfaction with service.

## Regulation 15: Staffing

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents and appropriate to meet the safeguarding needs of residents.

There were sufficient numbers of staff to meet the needs of residents both day and night. The roster reviewed showed that the planned numbers and skill mix of staff was maintained and that there was a consistent staff team who were known to the residents. The person in charge advised that there were no staffing vacancies at the time of inspection. Many of the staff team had worked in the centre over a considerable number of years and knew the residents well.

The inspector spoke with the person in charge and three staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents, and they could readily answer questions relating to the safeguarding of residents. They were also knowledgeable about the ways to respond to behaviours of concern for each resident as outlined in the behaviour support plans.

During the course of the inspection the inspectors observed staff interacting with



residents in a caring and professional manner, and in accordance with their assessed needs. Residents spoken with advised that they knew staff well and it was clear that they were comfortable with the staff supporting them.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as safeguarding, fire safety, positive behaviour support and manual handling to reduce the risk of harm and promote the well-being of residents. Additional training was provided to staff to support them to safely meet the support needs of residents including various aspects of infection prevention and control, epilepsy management, autism awareness and administration of medications. Some staff had also completed training in relation to a human rights approach to care and support. Further refresher training was scheduled as required on an ongoing basis.

The person in charge had ensured that relevant information relating to safeguarding was easily accessible to staff in the centre, including copies of the policy, procedures for reporting safeguarding concerns, HIQA training slides and assessment judgement framework.

Staff were provided with regular supervision meetings from their line manager to support their work practice and development, and a schedule of supervision meetings was documented.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality, safe service and to ensure that residents were safeguarded. Overall it was apparent that safeguarding was given high priority by the provider, the management team and the staff. The provider had ensured that the designated centre was resourced in terms of staffing and other resources to ensure the effective delivery of care and support in line with the assessed needs of the residents. The regulations reviewed on this inspection were found to be compliant. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service. There was evidence of ongoing consultation with residents and their representatives.

Support for staff was available, and communication with the staff team was on-going. Regular monthly staff meetings were held, and safeguarding was a standing item at each of these meetings. This included a review of any incidents, and any learning from them, but also a discussion around the on-going safety of residents in all areas of daily life, including the use of restrictive practices. Safety in relation to the management of any health care issues was also discussed.

There was ongoing communication and consultation with residents on a daily basis, as well as, through regular house and key worker meetings, satisfaction surveys and through the personal planning process. Safeguarding and related topics such as rights, anti bullying and advocacy were regularly discussed with residents.

The provider had systems in place to manage complaints if received. The complaints procedure and the names and contact details of the complaints officers were clearly displayed. The complaints procedures had been discussed with residents. There were no complaints received in the past year.

Judgment: Compliant

## Quality and safety

The provider had measures in place to ensure that the well-being, rights and independence of residents was promoted. Residents were observed to be comfortable in their environment and with staff supporting them. Residents were supported in various ways to have a meaningful day, and to make their own decisions and choices. There were various activities available to residents, both in their home and in the community, and new opportunities were presented to them in accordance with their support needs. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis and the staff team promoted and supported residents to exercise their rights and achieve their personal and individual goals. Conversations with residents indicated that they liked living in the centre. The provider had systems in place to protect residents from abuse, and there were robust systems in place to respond to any allegations in a way that ensured that residents' safety was maintained.

Staff spoken with were familiar with and knowledgeable regarding residents' up to date healthcare and support needs. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services. The inspector reviewed the files of two residents. Residents had a recently updated assessment of their needs completed which was used to develop an individualised support plan. Support plans in place including those to guide the specific health care needs of residents were found to be comprehensive, informative, person centered and had been recently reviewed.

Positive risk-taking was also promoted in this centre, with a focus on the individuals goals, preferences and wishes rather than solely minimising risk. Residents were

provided with opportunities to make choices about their daily routines and encouraged and supported to partake in sports or other physical activities, even if there was some risks involved such as sea swimming and horse riding. Where some potential risk was identified, the provider had developed strategies to mitigate them, and ensured that individuals had the skills and support to manage those risks effectively, for example, mowing the lawns and cooking their own meals.

Where residents required positive behaviour support there were detailed positive behaviour support plans, based on a detailed assessment of need. The provider had ensured these residents received regular multi-disciplinary reviews, as and when required. A behaviour support specialist was available in the organisation to meet with residents and to review this aspect of their care, to provide guidance to staff on specific interventions as to how best to support residents manage behavioural issues.

Residents were supported to make their own decisions in relation to their health care and care plan development. For example, residents could choose to avail of vaccines or not, some residents choose not to have bloods checked. Files reviewed showed that residents had an annual medical review. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of them requiring hospital admission. Residents who required supports with communication had comprehensive plans in place, which were tailored to their individual communication preferences and support needs.

## 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. Staff spoken with were familiar with, and knowledgeable regarding the care and support needs of residents. The inspector reviewed the files of two residents. There were assessments of need completed, individual risk assessments, as well as, care and support plans in place for all identified issues including specific health care needs. There was evidence that risk assessments and support plans were regularly reviewed.

Each resident had been assigned a key-worker who regularly met with residents to discuss and review various aspects of their care, ensuring residents' participation was maximised in decisions surrounding their care.

Residents were supported to identify and achieve personal goals. Annual meetings were held with residents and regular reviews took place to discuss progress of identified goals. The documentation reviewed was found to clearly identify meaningful goals for residents, with a clear plan of action to support residents achieve their goals. The inspector noted that goals set out for 2024 had been achieved, some goals identified for 2025 had been completed, in progress or planned.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents that required support with behaviours that challenged were being responded to appropriately, had access to specialists in behaviour management, psychology and written plans were in place. All staff had received training in order to support residents manage their behaviour. There was a stable staff team in place who knew the residents well. The behaviour support plans in place outlined supportive strategies, detailed information regarding early warning signs, about situations which might trigger distress for residents and guidance for staff on managing various situations. It was evident that there was sufficient detail in the positive behaviour support plans that staff were familiar with, to ensure that residents were protected as far as possible, from any negative consequences of their behaviours of concern. The behaviour support specialist in the organisation had visited residents and behavioural support plans were noted to have been recently reviewed.

The local management team promoted a restraint free environment and continued to regularly review restrictive practices in use. There were some restrictive practices in use for some residents. All restrictions in use had been risk assessed with clear rationale and protocol outlined for their use. Residents had been consulted with and consented to the use of these restrictions. The restrictions in use had been referred to the restrictive practice committee, most had been approved with one restriction referred waiting on review.

Judgment: Compliant

### Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. Safeguarding of residents continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of comprehensive intimate and personal care plans.

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 were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Staff spoken with were aware of the various types of abuse, the signs of abuse that might alert them to any issues, and their role in responding to any concerns.

There was clear information available to staff and residents in relation to the

safeguarding and related topics. There were notice boards and information folders as well as easy read documents available. Important information regarding the complaints process, the contact details of the complaints officers, the right to feel safe, the human rights charter, anti bullying procedures drafted by the service user advocacy council, data protection policy, freedom of information policy, national advocacy service and Assisted Decision Making (Capacity) Act were easily accessible and discussed regularly with residents. The name, photograph and contact details of the designated officer were clearly displayed for both staff and residents. There was ongoing communication and consultation with residents with opportunities to raise any concerns or issues with the local management team.

There were no safeguarding concerns at the time of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. Staff continued to ensure that residents' preferences were met through daily consultation, monthly house meetings, the personal planning process and ongoing communication with residents and their representatives. There was an emphasis on ensuring that residents were supported to make their own decisions, and that their right to live safely was recognised. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Residents had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to avail of advocacy services. A resident had recently been supported to avail of advocacy services which had resulted in a positive outcome for the resident. Residents were supported to exercise their civil and political rights. All residents were registered to vote and could choose to vote if they wished. The person in charge had completed training on human rights based approach to care and support. Residents were supported to maintain links with family, friends and with the community. Some residents received regular visits from friends and family and some regularly visited their family members at home. A summer party was held annually at which family member's attended. All residents continued to be active member's of their community, eating out, visiting shops and local services, partaking in and attending a variety of sporting, music and social events.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant