



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

Issued by the Chief Inspector

Name of designated centre:	Grange View Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	11 March 2021
Centre ID:	OSV-0004063
Fieldwork ID:	MON-0030168

About the designated centre

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

Grange View provides a residential service to people with an intellectual disability and who require mild to high support needs. The centre has capacity to accommodate five residents at any one time and six residents were identified as using this service. Four of the residents have a full-time placement and two residents had a shared care arrangement. The centre is located on the outskirts of a small town and transport was provided in the evenings and weekends for residents to attend their local community for activities and events. There is a social care model applied in this centre and there are four staff on duty, both in the morning and in the evening. Residents are also supported by one night duty staff member.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 - 2015 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
Thursday 11 March 2021	10:30hrs to 15:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life in which their rights and well-being were actively promoted.

The inspection was conducted in a day centre location which was separate to the designated centre and operated by the registered provider. Here, a review of documentation occurred and the person in charge discussed care practices which were occurring in the centre. This approach to inspecting this centre was implemented to meet the needs of residents, to maintain social distancing which was affected by physical layout of the premises.

The provider ensured that residents were assisted to understand how COVID-19 was impacting on their lives and how they could protect themselves from contracting the disease. Information was in an easy read format and staff used these formats at residents' meetings to help explain what was happening in relation to the disease. These meetings discussed the importance of hand hygiene, social distancing which assisted residents in protecting themselves. These meetings also discussed what meals residents would like for the coming week and also activities which they would like to engage in.

The inspector visited the centre for a short period of time and at this point residents were attending their respective day services which the person in charge stated that they really enjoyed. The centre was warm, bright and lit with natural light sources. However, the inspector noted that the premises required significant internal decoration with paint flaking and visible cracks and a small hole in a sitting room ceiling. The furniture and general decoration also required modernisation which overall detracted from the homeliness of the centre. This was brought to the attention of the person in charge who was well aware of these issues and showed the inspector minutes of meetings which indicated that painting, decoration and purchase of new furniture would occur when national restrictions would be eased.

The centre was also had pictures and photographs of residents enjoying outings together on display and a review of personal plans also indicated that residents enjoyed going for outings and trips. Residents enjoyed train trips to Westport and they also participated in gardening projects and attending holistic therapies. A review of personal plans indicated that residents were also supported with a goal setting process and some residents had chosen to achieve goals like gardening and attending discos and developing their interests in art. Although, some goals had been achieved for some residents, improvements were required in regards to the overall goal setting process. For example a resident had chosen their goals a number of months prior to the inspection and their planning meeting minutes were not available to them until the day of inspection which meant that no progress had been made in supporting them with their goals. The inspector did note that COVID-19 restrictions had impacted on the provider's ability to support residents with their chosen goals but the inspector also noted that residents had not been offered

alternative goals or revision of their aspirations in light of national restrictions.

Overall, the inspector found that residents received a good quality service and although there were some improvements needed following this inspection, there have been sustained improvements in both the quality and safety of care since the previous inspection of this centre. These topics will be discussed in the subsequent sections of this report.

Capacity and capability

The inspector found that the governance arrangements in this centre ensured that residents received a service which was adequately resourced and promoted their well being. The inspector also found that all reviews and audits as stated in the regulations had been completed which assisted in improving the quality and safety of the service which was provided. There had also been a notable increase in the safety of the service in terms of resident interactions with revised living arrangements contributing to a significant decrease in incidents which had previously impacted on the lived experience for residents. However, some improvements were still required following this inspection in regards to fire safety, personal planning and the review of documentation.

The person in charge facilitated the inspection and they had a good knowledge of the service which was provided and of resident's individual care needs. They were supported in their role by three senior managers which was outlined in the centre's statement of purpose.

The provider had prepared a centre specific contingency and preparedness plan in response to COVID-19 and the inspector found that this document was a robust and easy-to-read document, which laid out in a concise manner how the centre would respond to a suspected or confirmed case of COVID-19. It outlined the roles and responsibilities of two separate teams who would oversee the response and it also clearly detailed the increased hygiene and staffing arrangements which would be required. The provider had also introduced a risk assessment process which assisted in identifying residents who may have difficulties in self isolating should they become suspected or confirmed as having COVID-19. The inspector found that this arrangement assisted in promoting residents' safety. The provider had also identified separate centres in which residents could self isolate and overall contingency planning outlined how their well being would be promoted if they were required to move to one of these centres.

The provider had completed all prescribed audits and reviews and actions plans which had been generated aimed to drive overall improvements in the care which was provided. The inspector also found that the safety of care which was provided had also improved since the last inspection of this centre with revised living arrangements introduced which had a positive impact the quality of life for residents. However, some improvements in regards to personal planning were

required following this inspection and one previous action in regards to fire safety had not been fully completed. This was brought to the attention of provider and subsequent of the inspection the provider submitted assurances that this issue had been addressed. As mention earlier, there had been an overall decrease in incidents and there was two active safeguarding plans in place at the time of inspection. Although, these safeguarding plans appeared to be effective, they had also not been reviewed for a considerable period of time to ensure that that they were effectively implemented at all times.

Overall, the inspector found that residents received a good quality service, however, some improvements were required to the overall review of records and documentation within the centre.

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents received continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up to date with their training needs and they had also undertaken additional training in regards to hand hygiene, infection prevention and control and using personal protective equipment.

Judgment: Compliant

Regulation 23: Governance and management

The provider had governance arrangements in place; however, some improvements were required to the review of safeguarding plans, personal plans and with assisting residents with recommended health care appointments. Additional improvements were also required as an action in relation to fire safety had not been addressed since the last inspection.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents were supported to enjoy a good quality of life and that revised living arrangements had a positive impact on the overall delivery of care. However, some improvements were still required in regards to the overall review of personal planning.

Residents had personal plans in place which were comprehensive in nature and clearly outlines resident's individual care needs and how staff should meet these needs. The inspector reviewed two personal plans and found that one plan was reviewed as changes occurred and also included a comprehensive goal setting process which was supported by an action plan to assist this residents in realising their wishes. However, the second plan which was reviewed required improvements, for example a goal planning meeting which had occurred a number of months prior to the inspection was not available to the resident or in the resident's personal plan until the inspector requested a review of this document. A recommended dental appointment had also not occurred for a resident which could potentially impact on the quality of care which was delivered.

The provider had a system for monitoring adverse events and a review of this system indicated that any issues which impacted on the either the quality or safety of care had been addressed in a prompt manner by the provider. The person in charge also completed risk assessments for ongoing safety concerns which promoted residents' safety. Although these documents were comprehensive in nature some additional adjustments were completed on the day of inspection to more accurately describe risks involved and controls which were implemented to keep residents safe.

As mentioned earlier, residents attended regular meetings in regards to the operation and running of their home. These meetings were also used as a platform to keep residents informed of changes in national restrictions and they should keep themselves safe by maintaining social distancing and also the importance of hand hygiene. The provider had also implemented easy read formats in regards to general information about COVID-19 and overall the inspector found that these arrangements improved residents quality of life and also assisted in promoting their rights.

The inspector found that residents were supported to enjoy a good quality of life and the revised living arrangements which had been introduced since the last inspection improved their overall lived experience. However, as mentioned earlier in the report, aspects of individual planning, including health care required further review.

Regulation 17: Premises

The premises was warm and bright; however, as mentioned earlier, it required modernisation of furniture and extensive painting and decorating was required. When brought to the attention of the person in charge, she demonstrated that plans were in place to address these issues.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had arrangements in place which promoted residents' safety. Some risk assessments required adjustments on the day of inspection to ensure that they clearly detailed known risks and the associated control measures.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had a increased cleaning regime in place and staff had access to adequate supplies of personal protective equipment. Information in regards to COVID-19 was freely available and hand hygiene and maintaining social distancing was promoted throughout the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The previous inspection of this centre found that not all fire doors would close in the event of a fire. The same issue was found on this inspection; however, the provider submitted assurances subsequent to the inspection that essential maintenance had been completed and fire doors would close in the event of a fire occurring.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which clearly outlined how the provider could meet their care needs. A review these plans indicated that some records were

maintained to a good standard. However, some plans required review to ensure that they were kept up-to-date.

Judgment: Substantially compliant

Regulation 6: Health care

In general, residents were supported with a good level of health care and the visited their general practitioner in times of illness and for an annual health check up. However, improvements were required as a recommended dental appointment had not occurred for a resident which had not been followed up by the provider.

Judgment: Substantially compliant

Regulation 8: Protection

The centre appeared like a pleasant place in which to live and there were two active safeguarding plans in place on the day of inspection which appeared to be effective.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted and they were actively involved in the running and operation of their home. The provider had also kept residents well informed as to how they could protect themselves from contracting COVID-19.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
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	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Grange View Services OSV-0004063

Inspection ID: MON-0030168

Date of inspection: 11/03/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All Safeguarding plans were reviewed by the Designated Officer on March 24th and updated documentation is in place. Safeguarding plans remain active but closed to the designated officer and the HSE.</p> <p>PCP goals outlined in residents' personal plans were reviewed on March 23rd and updated in line with Covid 19 restrictions.</p> <p>Healthcare: A dental appointment for one resident had been scheduled but due to Covid 19, this appointment had to be postponed. The Person in Charge has followed up with the HSE and a new appointed date is awaited.</p> <p>Fire safety: All fire doors were serviced on March 16th following the inspection.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>PCP goals outlined in residents' personal plans were reviewed on March 23rd and updated in line with Covid 19 restrictions.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Healthcare: A dental appointment for one resident had been scheduled but due to Covid 19, this appointment had to be postponed. The Person in Charge has followed up with the HSE and a new appointed date is awaited.</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	12/04/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	23/03/2021
Regulation 06(1)	The registered provider shall provide	Substantially Compliant	Yellow	12/04/2021

	appropriate health care for each resident, having regard to that resident's personal plan.			
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