



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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Gréine Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	11 July 2023
Centre ID:	OSV-0005537
Fieldwork ID:	MON-0039695

About the designated centre

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

Ard na Greine Services is a designated centre operated by Ability West. The centre provides residential care for up to four male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one dwelling house, located on the outskirts of Galway city. Residents have their own bedroom, access to communal areas, bathrooms and garden space. Transport and staffing arrangements are in place to support residents to regularly access the community. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 11 July 2023	11:30hrs to 13:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and was facilitated by the person in charge and person participating in management. The inspector also had the opportunity to meet with one resident and with the staff member supporting them.

This centre is home to four residents, who have lived together for a number of years. Although residents' health care needs were minimal, some did require positive behavioural support, while others required specific supports to maximise their social care. These residents got on well together and were supported by a staff team who knew them well. Since the last inspection of this centre in January 2023, residents' assessed needs were unchanged and were re-assessed for, by staff and multi-disciplinary professionals, as and when required.

Upon the inspector's arrival to the centre, they were greeted at the front door by the person in charge and by the resident. This resident was being facilitated to have their day service in the comfort of their home, and had just returned from the shop. They required one-to-one staff support for the purpose of their day service arrangement, which the provider had ensured was consistently provided to them. This had been a long-standing arrangement and the person in charge told the inspector that it was still working very well. The other three residents who lived in this centre, had already left for their day service, which they availed of in the community. This centre comprised of a two-storey house, located on the outskirts of Galway city, close to coffee shops, restaurants, shops and other amenities. The centre was well-maintained and provided residents with a homely and comfortable living environment. There was also an enclosed garden area to the rear, which residents could avail of, as and when they wished.

All four residents led very active lifestyles and had their own personal interests for leisure and social activities, which staff were well-aware of. Some liked to go on regular visits home to see their families, some looked forward to getting away to attend soccer matches in the UK, while others liked shopping and going out for lunch. These residents were preparing to head away on holidays a few weeks after this inspection, with some choosing to holiday together, and were very much looking forward to this. Residents were very involved in the running of their home and liked to do daily tasks and chores around the house, to include, emptying the dishwasher, assisting with the preparation and cooking of some meals, and the resident who was present, was observed to help staff with laundry duties. There were sufficient resources in place to ensure these residents were as socially active as they wanted to be, with an adequate number of staff at all times on duty to support them to get out, along with transport arrangements also being available to them.

Both staff and the person in charge were cognisant of the assessed needs of these residents and much emphasis was placed on ensuring assessments and personal plans captured the individual interests and wishes of each resident. There was various documentation available at the centre which evidenced this, and should any

changes to residents' needs occur, staff were vigilant in reporting these changes, along with ensuring that timely re-assessment of their needs was completed.

Following the outcome of last inspection, the provider had made much improvements to the risk management and governance arrangements of this centre. This will now be discussed in the next two sections of this report.

Capacity and capability

This centre was previously inspected in January 2023. Following the outcome of that inspection, the provider was issued with a notice of proposed decision to cancel the registration of this centre, following significant not-compliant findings with the regulations, particularly with regards to risk management, person in charge and governance. Following the issue of that notice, the provider submitted a satisfactory response to the Chief Inspector, assuring of a number of actions they planned to take to come back into compliance with those regulations. Since then, the Chief Inspector has undertaken a targeted inspection programme with this provider across all their designated centres, specifically focusing on five regulations, to include, person in charge, staffing, governance and management, residents' assessment and personal planning and risk management. In response to this, the provider submitted an action plan to the Chief Inspector, outlining the steps they will take to improve compliance across all designated centres. This was the first inspection of this centre, since this programme commenced, which identified that the provider had put better arrangements in place, to ensure this centre had suitable persons appointed to manage and oversee the running of this centre. Improvements were also found with regards to risk management, with better action being taken by the provider, to mitigate against identified risk in this centre.

A new person in charge was appointed to this centre in April 2023 and they were supported in their role by a team leader, their staff team and line manager. They were present regularly each week at the centre to meet with staff and with the residents, and maintained contact with the team leader on day when they were unable to be present. There were clear roles and responsibilities set out for the team leader and the person in charge told the inspector that this arrangement was working very well. Regular staff team meetings were occurring, which gave staff and the person in charge an opportunity to discuss resident related care, and should any additional resources be required by this service, the person in charge had a system available to them to request this.

The revised management structure for this centre, had an overall positive impact on governance and management arrangements. As suitable persons had been appointed to manage and oversee the running of this centre, this meant that the quality and safety of care delivered to residents now had consistent oversight. In addition, the provider had ensured that six monthly provider-led visits were occurring in line with the requirements of the regulations, and where improvements

were identified, actions plans were put in place to address these. The improved risk management arrangements that had been put in place since the last inspection, also had a positive impact on supporting the provider to respond quickly to identified risk. For instance, following a behavioural related incident which had occurred, the provider demonstrated that they took timely in response to this, and had put arrangements in place to ensure control measures were subject to on-going monitoring.

As part of the aforementioned action plan that the provider had issued to the Chief Inspector, they committed to improving the overall arrangements for assessment of residents' needs. Although this new system was not operational in this centre at the time of this inspection, further review of this was required on the part of the provider, to ensure that this new assessment framework would be effective in comprehensively assessing the needs of the four residents who lived in this centre.

Regulation 14: Persons in charge

Since the last inspection, the provider has appointed a person in charge to this centre. They were regularly present to meet with staff and residents and had a good knowledge of residents' assessed needs and of the operational needs of the service delivered to them. They have responsibility for another designated centre operated by this provider and current governance and management arrangements ensured they had the capacity to effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured an adequately number of staff were at all times on duty to meet the assessed needs of residents. Where additional staffing resources were required, the provider had arrangements in place for this. Good continuity of care was promoted, with many staff having worked in this centre for quite some time. A well-maintained staff roster was also displayed in the centre, which clearly identified the names of staff and their start and finish times worked.

Judgment: Compliant

Regulation 23: Governance and management

Since the last inspection, the provider had ensured better governance and management arrangements were put in place to oversee the quality and safety of

care. Along with a new person in charge being appointed, a team leader was also working full-time in the centre to support this centre's management arrangements. Staff team meetings were regularly occurring and the provider had also ensured six monthly-provider led audits were occurring in line with the requirements of the regulations. Where these visits identified improvements, action plans were put in place to address these.

As part of the provider's overall quality improvement plan for the organisation, they were in the process of implementing a new assessment of need into this centre. However, this process required further review, to ensure it was going to be effective in this centre in ensuring residents' needs would be adequately assessed for.

Judgment: Substantially compliant

Quality and safety

Since the last inspection, the provider had ensured good practices surrounding the assessment of residents' needs were sustained. Furthermore, a marked improvement was also observed, in the provider's ability to quickly respond with effective action, where specific risk was identified.

The re-assessment of residents needs was completed on a minimum annual basis, with further re-assessment completed, as and when required, with the outcome of these assessments informing residents' personal plans. In addition to this, of the personal plans reviewed by the inspector, these also gave good insight into the interests and wishes that residents had for the various aspects of their care. Residents' health care needs were minimal in this centre; however, of those who did require multi-disciplinary input, the person in charge had ensured that this was made available to them. As previously mentioned, these residents led very active lifestyles, and their wants and wishes in relation to their social care, was well documented and clearly demonstrated the emphasis placed within this centre, with regards to promoting this aspect of their care.

The previous inspection of this centre identified failings on the part of this provider to recognise specific risks in this centre. However, this inspection found that better arrangements were since put in place by the provider to ensure this failing was addressed. For example, following a significant incident which had occurred, the provider recognised the requirement for immediate action to be taken to prevent re-occurrence. Various actions were taken by the provider, along with the implementation of additional control measures, which to date, had resulted in no further incident of that nature occurring. In addition, the provider recognised the importance of ensuring these measures were maintained under regular monitoring, to ensure their continued effectiveness in mitigating against further re-occurrence. Some work had also been completed with regards to improving the assessment of risk, to ensure better risk assessments were in place to support specific risk

management activities. Upon review of some of these risk assessments, the inspector observed that these would benefit from minor review to ensure risk-ratings reflected the positive impact that control measures had on responding to specific risks. This was brought to the attention to those facilitating this inspection, who were in the process of rectifying this prior to the close of inspection.

Regulation 26: Risk management procedures

Since the last inspection, the provider had put better arrangements in place to ensure risk was quickly identified, responded to and monitored for. For example, following a behavioural related incident that had occurred in weeks prior to this inspection, the provider identified contributing factors that led to this incident and took immediate action to rectify. At the time of this inspection, these measures proved effective, whereby, no similar incident had re-occurred. Furthermore, these measures were subject to on-going monitoring and should a further incident occur, the person in charge was aware to escalate this to their line manager for further review and support.

Where incidents occurred, these were reported by staff, reviewed by the person in charge and escalated to senior management, if required. Furthermore, the oversight of organisational risk was regularly completed by the person in charge, who had an escalation pathway available to them, should high risks be identified in this centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had a system in place for the re-assessment of these residents' needs and ensured clear personal plans were in place to guide staff on the support that residents required with various aspects of their care. Where residents required the input of multi-disciplinary teams, the person in charge ensured that referrals were made and followed-up, as and when required. As these residents had specific social care needs, the person in charge ensured that the re-assessment of this aspect of their care, gave due consideration to the interests and wishes of residents, in order to maximise residents' personal development.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Ard Na Gréine Services OSV-0005537

Inspection ID: MON-0039695

Date of inspection: 11/07/2023

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>Need assessments have been reviewed and updated for all residents by the Person in Charge.</p> <p>The person in charge is responsible for ensuring that residents’ assessments of needs are up to date and accurate.</p> <p>The All About Me Assessment document is an existing Ability West document which reflects the current assessed needs of a resident. It is completed and maintained by the Person in Charge and the Keyworker. This document is filed in a Resident’s personal plan for the purpose of review.</p> <p>The Person in Charge will ensure that this document is regularly reviewed when an emerging/ changing need is identified.</p> <p>My Support Needs Assessment has been completed by the Person in Charge and a member from the MDT. This document is stage one of a Provider needs assessment to inform current and future needs for each Resident in Ability West.</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	01/08/2023