



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

Issued by the Chief Inspector

Name of designated centre:	An Ghrianán
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	06 May 2021
Centre ID:	OSV-0004656
Fieldwork ID:	MON-0032148

About the designated centre

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

An Ghrianán provides a full-time residential service to four residents who are over the age of 18 and have a mild to moderate intellectual disability. The centre consists of one single-storey house located in a residential neighbourhood of a large town, where public transport links are available. The centre is also in close proximity to a bus stop and residents can use the bus service and taxis to access their local community. Residents share transport with another designated centre and also have use of a hire car, which can be used to visit areas of interest and go on day trips. Each resident has their own bedroom which is decorated with personal achievements and photos of family and friends. The centre has an appropriate number of shared bathrooms for residents to use. Suitable cooking and kitchen facilities are available and the reception room is warm and comfortably furnished. The centre is staffed with a mix of nursing and care staff, with one staff member providing sleepover cover each night. All residents attend local day services during the day; however during COVID-19, this has ceased.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 6 May 2021	09:40hrs to 15:25hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector found that the health, wellbeing and social care needs of residents who lived at the centre was provided in a safe and person-centred manner. Residents who the inspector met and spoke with during the day of inspection appeared happy and relaxed in their environment, with staff and with each other. In addition, residents were observed to be freely moving around their home and partaking in activities of choice.

There were three residents receiving full-time care at the centre on the day of inspection. One resident was reported to be staying with family since the start of the COVID-19 pandemic, and the inspector noted that contact with this resident was maintained, with residents reporting that they make video calls to their peer and had done so on the afternoon of the inspection. The inspector spent time reviewing documentation and meeting with the person in charge and staff in an office in the house, while adhering to the public health measures of social distancing and the wearing of face masks. Towards the end of the inspection, the inspector got to meet and spend time chatting with all three residents in the kitchen area of the house, while wearing face masks and social distancing. In addition, the inspector got the opportunity to speak with two family members through telephone calls, and also met with staff working on the day, all of whom spoke about how residents were getting on at this time and about residents' lived experiences in An Ghrianáin.

During this time of the COVID-19 pandemic, the inspector was informed that in general, residents had adapted well to the changes in their routines as a result of the closing of day services and not getting opportunities to visit their family. The inspector was informed that in some ways residents had benefited from a slower pace of life, with not having to get up early every morning to get transport to their day services. However, residents were reported to be missing family, friends and community groups and activities that they previously enjoyed such as work experience, day centre and sports clubs. The inspector was informed about alternative activities available to residents at this time, and about the positive things that had occurred for residents; such as learning new skills and increasing their independence in areas of choice. For example; one resident was supported to independently walk to, and access the local church, and the resident informed the inspector about this and said it as something they enjoyed being able to do by themselves now. Other skills that residents had developed included; independently baking homemade bread, making sweet treats, decorating cakes and cooking meals. One resident had developed an interest in flower arranging, and was being supported to learn more about this. In addition, all three residents had commenced an exercise programme in conjunction with a local sports and recreation club, and had been given an exercise bike to participate in a specific exercise regime, which residents were reported to be enjoying at this time.

The inspector observed residents freely moving around their home during the day, accessing the garden to feed birds, helping with household tasks and one resident

reported that they had helped to do the grocery shopping and had bought some personal items when out at the shops also. Towards the latter part of the inspection, the inspector met with all three residents who were observed to be doing art work together and there appeared to be a lovely, warm atmosphere. Residents spoke with the inspector about how COVID-19 had affected them and talked about the hotels and shops being closed. Some residents spoke about how they had gone on hotel breaks a few weeks prior to the COVID-19 pandemic starting, and one resident spoke about their wish to travel to Poland in the future. In preparation for this, the resident had commenced a dictionary of phrases they would like to learn, and they demonstrated some phrases that they had already learned. Residents also spoke about how they celebrated birthday celebrations recently, and how they had connected with family through video calls on the day. One resident showed the inspector a video taken on their phone of them opening their present. The inspector was informed that all residents had a smart phone, and were able to use this to connect with family and friends at this time when visiting was restricted in line with the public health advice.

Family members that the inspector spoke with very complimentary of the care provided. Families were very happy with the communications from the person in charge and staff, and said they could go to the person in charge if they ever had any issue or concern. In addition, both families said that maintaining contact with their family member through smart phones has been so beneficial, and while it has been difficult to have restrictions on visits, that the phones allowed for seeing each other through video calls. Families were very happy with the home, with one saying that their family member was 'lucky to have such a happy home'. Another family member commented that the care and kindness provided to their family member was 'beyond the call of duty'.

In addition, the inspector reviewed documentation such as person centred plans, daily care notes, residents' meetings, the annual review of the service and audits. The inspector noted that residents were supported with making choices about how they lived their lives and what goals they wanted to achieve, both in the short-term and long-term. A review of residents' meetings demonstrated that residents were supported to discuss a wide range of topics such as; safeguarding, advocacy, meal planning, house upkeep etc. It was noted that residents requested renovations to their garden to include a patio area where they could put garden furniture and enjoy sitting out in the sun, and the inspector was informed by staff and residents about how residents were involved in this decision by drawing up plans on how they would like this to be designed. It was further noted that this action was included in the service's action improvement plan, which demonstrated that residents' were listened to and involved in decisions about their home.

A review of resident questionnaires completed recently indicated that residents were very happy with their home, their bedroom and how they were treated by staff. The impact of COVID-19 on residents had also been assessed through a survey in June 2020, where some residents said that COVID-19 'made me afraid' and that they 'miss friends'. However it was evident through discussions with staff, families and residents that residents were very well supported at this time, and given opportunities for meaningful and fun activities and were supported to maintain

contact with their friends and families through video calls and letter writing. In addition, a range of easy-to-read documentation was available for residents to help them understand about COVID-19 and the public health guidance.

Overall, the home appeared homely and had a warm and welcoming atmosphere. Residents were found to live a person-centred life where their individual support needs, choices and individuality were respected and promoted. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that An Ghrianáin was a well ran centre that had a robust governance and management structure in place. This ensured that the care delivered to residents met their needs, was safe and of a high quality and was delivered in a person-centred way and in line with the Statement of Purpose. In addition, the provider and person in charge had good systems in place to ensure effective oversight and monitoring of the centre, which led to positive outcomes for residents living there.

The person in charge worked full-time and had responsibility for two other designated centres also. She was supported in her role by a staff nurse who worked across two designated centres, and a team of care staff who worked front line with residents. There was sleepover cover provided at night to support residents with their needs. There was a planned and actual rota in place which was reviewed by the inspector, and demonstrated that there was a consistent staff team in place to ensure continuity of care to residents. In addition, there was an out-of-hours on-call system in place for staff who worked alone, should this be required.

A review of staff training records demonstrated that staff received training as part of their continuous professional development Training opportunities provided included mandatory and refresher training in areas such as; fire safety, behaviour management, safeguarding, infection prevention and control, use of personal protective equipment (PPE) and hand hygiene. Some staff working in the centre were training facilitators for different training programmes such as behaviour management training and hand hygiene. There was a staff supervision schedule in place for formal review meetings with permanent staff, and the person in charge explained that she met regularly with the agency staff that were working in the centre where supervision and support was provided on an ongoing basis. Staff with whom the inspector spoke said that they felt well supported in their role, and there was evidence in team meetings documentation that staff were facilitated to be involved in the running of the centre and were kept up-to-date with relevant information.

There were systems in place for regular auditing of the centre to ensure that the

centre was safe, met the needs of residents and was to a high quality. The person in charge carried out regular internal audits to include; medication management, financial audits, health and safety, personal plans, fire management systems, infection control and COVID-19 compliance audits. A review of incidents occurring in the centre indicated that the person in charge ensured that all notifications that were required to be submitted to the Chief Inspector of Social services were completed in line with the regulations.

The provider ensured that six monthly unannounced visits and an annual review of the quality and safety of care and support of residents were completed as required by the regulations. The annual review of the service provided for consultation with residents and families. The findings from audits identified areas for improvements for the centre. For example; residents had identified that they would like improvements made to their garden, and the inspector found that this was followed up with quotations sought for the proposed works. This ensured good oversight and monitoring of the centre, and demonstrated that consultation with residents was used to drive quality improvement. The inspector found that actions identified for improvement were kept under ongoing review for completion, and while some works planned for the internal house were postponed due to the COVID-19 pandemic restrictions, new realistic time frames had been put in place and a person assigned as responsible for the completion of actions.

In summary, the inspector found that the systems in place in the centre promoted effective governance and oversight, which in turn ensured that the service delivered to residents was to a high standard and met residents' individual needs.

Registration Regulation 5: Application for registration or renewal of registration

The provider ensured that a full application to include all prescribed information as required by the regulations were submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the qualifications, experience and expertise to manage the centre effectively. It was evident that the person in charge was well known to residents and that she was very familiar with residents' support needs.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual roster in place which indicated that there was a consistent team of staff in place to ensure continuity of care to residents. Staff files were not reviewed at this time.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a range of mandatory and refresher training as part of their continuous professional development. A schedule was in place for staff supervision and support meetings to be held throughout the year.

Judgment: Compliant

Regulation 23: Governance and management

There were good governance and management systems in place which ensured that the provider and person in charge were effectively monitoring, and had good oversight of the centre. The provider ensured that unannounced six monthly audits and the annual review of the quality and safety of the service was carried out as required under the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

There was an up-to-date Statement of Purpose which was reviewed recently and contained all the requirements under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications were submitted to the Chief

Inspector as required in the regulations.

Judgment: Compliant

Quality and safety

The inspector found that residents received a good quality, safe and person-centred service where rights and individuality were respected. Residents who the inspector met and spoke with appeared to enjoy living at the centre and appeared to be very comfortable in their environment, with each other and with staff supporting them.

Residents were actively involved in the running of the home and evidence of consultation with residents was contained in residents' meeting notes. Residents spoken with talked about their individual interests and how they were supported to develop and achieve these interests. Residents' rights were promoted through access to a range of easy-to-read documentation to assist with their understanding of various topics. In addition, residents were supported to be as independent as possible and take part in individual interests and hobbies. The inspector found that positive risk taking was promoted to support residents achieve increased personal independence in line with their choices and wishes.

Residents had assessments of needs completed for personal, health and social care goals. Where supports were required in various areas, care plans were developed, which provided clear information on how residents should be supported. Residents were involved in their yearly reviews, where personal plans and goals for the future were set. In addition, residents had been supported to identify short-term goals during COVID-19. There was evidence available of goals that residents had achieved during this time which included; learning new life skills and developing interests, such as learning to use technology to connect with family, independently accessing the community, gardening, knitting, flower-arranging, learning new languages, taking part on walking clubs, linking with local sports clubs and baking.

In addition, residents were supported to achieve the best possible health by being facilitated to attend a range of medical and health care services and appointments where this need had been identified. This included access to General Practitioners, dentists, chiropodists, National screening programmes and receiving information about vaccines and making this service available to residents.

The inspector found that safeguarding of residents was promoted in the centre through staff training, discussion at staff and management meetings about safeguarding and through educating residents about rights, safeguarding and advocacy. In addition, residents had intimate and personal care plans in place which were reviewed with residents and provided comprehensive information on areas where residents required supports and areas where they chose to be independent.

The provider ensured that were good systems in place for the prevention and

control of infection, which also included systems for the prevention and management of risks associated with COVID-19. This included access to a range of up-to-date information on COVID-19, hand hygiene equipment, posters, personal protective equipment (PPE), staff training and discussion with residents about COVID-19. In addition, there was an up-to-date outbreak management plans, risk assessments and contingency plans in place in the event of an outbreak. The provider had completed the Health Information and Quality Authority (HIQA) self-assessment tool for preparedness planning and infection prevention and control assurance framework. Residents spoken with demonstrated a good knowledge about COVID-19 and how to protect themselves, and one resident was observed to be wearing a face mask upon return from the shops.

In addition, there were systems in place for the identification, assessment and management of risk. Risk assessments were completed for service and individual residents' risks where risks had been identified. The inspector noted that some risks had been identified as 'high', and upon discussion with the person in charge, she informed the inspector that these risks were due for review following a recent control measure being implemented and said that these would be reviewed, updated and ratings amended post-inspection.

Overall, the inspector found that the centre provided safe, person-centred care, where residents' rights were respected and voices were heard. Residents spoken with appeared very happy with the care and support provided and the families spoken with were very complimentary about the quality of the service.

Regulation 26: Risk management procedures

There was risk management policy and procedure in place. Risks that had been identified had been assessed and were under regular review. However, some risk assessments had been risk rated as 'high', and following discussion with the person in charge about these risks, they confirmed that these risk ratings required updating following the implementation of some control measures, and that this would be done post-inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The provider ensured that measures were in place for infection prevention and control including; staff training, resident and staff symptom checks during COVID-19, availability of PPE and hand gels. In addition, HIQA's self-assessment tool for contingency planning during COVID-19 had been completed and internal audits were also completed on COVID-19 compliance.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments of needs were completed for residents, and support plans developed where required. Support plans were under regular review and updated as required. Residents were involved in their annual review meetings and supported to identify meaningful and personal goals for the future.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health at this time, by being facilitated to attend a range of allied healthcare professional appointments, including National Screening programmes and access to vaccines, in line with their needs and wishes. There was a range of easy-to-read documentation available for residents to support their understanding of various healthcare related issues and use of medicines.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents was promoted through ongoing discussions with residents about safeguarding, human rights and advocacy. In addition, staff were trained in safeguarding and discussions at team and management meetings included safeguarding as a topic.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted through ongoing consultation about the running of the centre, access to a range of easy-to-read documentation about various topics, and residents' choices and wishes about day-to-day activities and personal goals being respected and facilitated. Residents were supported to practice their religious

faith and to maintain contact with family, friends and their community.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant