Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	25 January 2023
Centre ID:	OSV-0005537
Fieldwork ID:	MON-0038510

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

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
Wednesday 25 January 2023	12:00hrs to 15:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced risk inspection and was facilitated by the team leader, a staff member and the person participating in management. Overall, although this centre's staffing arrangement had ensured that residents were receiving the care and support that they were assessed as requiring, this inspection did identify the need for significant improvements on the part of the provider, with respect to governance and management arrangements, risk management and the effective oversight and monitoring of infection prevention and control. These findings will be discussed in more detail in the subsequent sections of this report.

Upon the inspector's arrival, they were greeted by a member of staff, who was supporting one resident with an individualised service for the afternoon, while the other three residents were at day service. This resident was relaxing in a sitting room, while using their hand held electronic device. They showed the inspector photos of their family members which they had proudly displayed, brought the inspector to the staff roster notice board in the kitchen and also showed off their smart watch, which they liked to use to track their activity levels for the day. They had recently had dental work and were getting used to transitioning towards wearing their new dentures. This resident had some assessed communication needs and the staff member on duty was observed to effectively interpret this resident's verbal expressions. This staff member prepared this resident's lunch, before they both headed out later that afternoon.

This centre was home to four residents who had lived together for quite some time. This centre comprised of one two-storey house located on the outskirts of Galway city, where residents had their own bedroom, shared bathrooms, communal use of a kitchen and dining area, two sitting rooms, a staff office and utility. A rear garden space was available for residents to use, as they wished. The house was clean, well-maintained and had many homely features to it, such as, comfortable seating and furnishings, photographs of the residents proudly displayed and a warm and welcoming atmosphere.

At the time of this inspection, the provider had not appointed a person in charge to the centre. In the interim, they had appointed a new team leader to the service, who attended the centre to meet with the inspector. Since their appointment, they had used their time to get to know the residents and their assessed needs and were supported in their role by the person participating in management. However, there were deficits in the induction to their new role, which will be discussed later in this report.

Along with the team leader, other staff who met with the inspector also demonstrated strong knowledge of these residents' needs, particularly in the areas of positive behaviour support and social care. Where incidents had occurred, these were escalated by staff for senior management to review, as and when required. Good continuity of care continued to be provided in this centre, whereby, these

residents were consistently cared for by staff who were familiar to them. Over the course of the inspection, staff were observed to engage respectfully with the resident who was present, and this resident equally appeared very comfortable in the company of the staff who were on duty. An on-call arrangement was available to provide staff with out-of-hours managerial support during these times. The person participating in management told the inspector that although this arrangement was currently meeting the out-of-hour needs of this centre, the provider was in the process of reviewing this arrangement for the entire organisation.

Although staff were endeavouring to provide the care and support that these residents were assessed as requiring, along with no person in charge being appointed with the responsibility for this centre, there was a lack of support and oversight on the part of the provider, to ensure this centre was effectively governed and managed. For example, following a recent occurrence of infection in this centre, this inspection found failings on the part of the provider to provide staff with appropriate guidance and support in the daily running of this centre during that time and to ensure specific risks were appropriately identified and responded to, during that period. Furthermore, this inspection also identified deficits in the provider's monitoring systems for this centre.

The specific findings of this report will now be discussed in the next two sections of this report.

Capacity and capability

This was a risk based inspection, following receipt of information from the provider to the Chief Inspector of Social Services, that they had not appointed a person in charge to this centre, in line with the requirements of the regulations. In addition to this, since the last inspection of this centre in October 2022, there was a noted decline in the provider's governance and management arrangements to effectively oversee certain aspects of service, particularly with respect to risk management and infection prevention and control arrangements.

At the time of inspection, the provider was in the process of recruiting for the position of a person in charge and in the interim, had recently appointed a team leader to oversee the daily running of the centre, with the support of the person participating in management. Since their appointment, the team leader had become familiar with the assessed needs of the residents and was provided with allocated administration time; however, they had not received appropriate induction from the provider with regards to the duties and responsibilities associated with their role in overseeing the running of this centre.

A decline was noted since the last inspection, with respect to the provider's ability to effectively oversee and monitor the quality and safety of care provided in this centre. For instance, following the recent occurrence of infection in this centre, the

provider had failed to provide effective guidance and oversight to the staff who were locally responding to this. Furthermore, up until the day of this inspection, the provider had failed to identify for themselves, and respond to, a specific risk posed to the centre, in the adherence of appropriate use of PPE.

Deficits were also found in the effectiveness of the provider's monitoring systems in identifying specific improvements required in this centre, and in the provider's ability to appropriately acknowledge the impact any improvements had, on the their ability to meet the requirements of the regulations. For example, although six-monthly provider-led visits continued to occur, the most recent report failed to identify gaps in the infection prevention and control guidance available to staff. In addition, the findings of the same monitoring system failed to recognise the significant impact the failure of the provider to appoint a person in charge to this centre, had on the provider's ability to comply with the regulations.

Regulation 14: Persons in charge

The provider had failed to appoint a person in charge of this designated centre.

Judgment: Not compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review, ensuring a suitable number of staff were at all times on duty to support residents. The provider had ensured good continuity of care, whereby, residents were supported by staff who were familiar to them. Where additional staffing resources were required to this centre, the provider had arrangements in place to provide this.

Judgment: Compliant

Regulation 23: Governance and management

In the absence of a person in charge, the provider had appointed a team leader for over seeing the daily running of this centre, with the support of the person participating in management. However, the provider had failed to ensure adequate induction of this role, to ensure clear lines of the responsibilities and accountability for the duties associated with their role.

The provider had failed to provide adequate oversight of infection prevention and control in this centre, during a recent period, where enhanced infection prevention

and control measures were required to be implemented. This had resulted in the provider failing to provide staff with an up-to-date contingency plan on how to respond to this incident, and also failed to put appropriate risk assessments and monitoring systems in place to oversee and support staff practice during this time. Furthermore, up until the time of inspection, the provider had not identified or responded to a specific risk to the adherence of the appropriate use of PPE in this centre.

Furthermore, the most recent six-monthly provider-led visit of this centre, which reviewed infection prevention and control, failed to identify the improvement that were required to guidance available in response to the occurrence of infection in this centre. Although this visit also acknowledged that the role of person in charge had not been filled, the overall compliance judgement that the provider awarded for this failing, did not reflect the impact this finding had on the provider's ability to comply with the regulations.

Judgment: Not compliant

Regulation 31: Notification of incidents

There was a system in place for the reporting, response, and monitoring of incidents occurring in this centre. The provider had ensured that all incidents were notified to the Chief Inspector, as and when required by the regulations.

Judgment: Compliant

Quality and safety

Although the need for significant improvements to various aspects of this service were identified upon this inspection, this had not impacted on residents continuing to live active lifestyles, cared for by staff who knew them well, who supported these residents to attend day services, to have an individualised service and to also choose to spend their recreational time, as they wished.

In response to the recent occurrence of infection in this centre, staff had effectively supported the resident to make a full recovery. However, there were significant failings in the arrangements and support that the provider had made available to staff, to assist them in their practice of responding to this onset of infection in the centre. For example, staff were not supported by an up-to-date contingency plan to guide them on current public health guidelines or on how manage specific daily operations, while this infection was in the centre. Failings were also found in relation the provider's risk management system in supporting this centre during this time.

For instance, although staff had referred this incident for risk assessment by an external organisation, no risk assessment was put in place to guide on the safety and welfare of the resident who contracted the infection. Furthermore, the risk register was not updated to demonstrate the increased risk to infection prevention and control in this centre, during this time. In addition, as earlier stated, the provider had also failed to identify for themselves, and respond to a specific risk in this centre relating to the appropriate use of PPE. As earlier stated, while efforts were made locally by staff to manage this onset of infection, there were deficits in the provider's oversight arrangements, to ensure infection prevention and control practices were being increasingly monitored, while the presence of this infection was in the centre.

Staff informed the inspector that these residents' needs were unchanged since the last inspection of this centre in October 2022. Staff continued to ensure residents' re-assessments were completed, as and when required, and continued to ensure that residents were provided with optimum opportunities for social and recreational engagement. Some low-level negative resident interactions were occurring and staff had reported these for senior management to review. Staff who met with the inspector spoke confidently of the behavioural support strategies that were required to be implemented by them to support these residents and staff were supported in their practice by a behaviour support specialist.

Regulation 26: Risk management procedures

Prior to this inspection, the provider had failed to identify, assess or respond to a specific risk in this centre relating to the adherence of appropriate use of PPE.

Furthermore, in recent weeks, in response to the specific infection prevention and control requirements of this centre, the provider had failed to ensure that supporting risk assessments were put in place to guide staff on the specific control measures to be implemented to ensure the safety welfare of resident requiring these measures, the safety of the other residents who resided in this centre and also the safety and welfare of staff supporting residents during this time.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had failed to ensure that adequate arrangements were in place to support staff in this centre, during times were advanced infection and prevention control practices were required. For example, following a recent occurrence of infection in this centre, the provider had failed to ensure an up-to-date contingency plan, in line with public health guidelines, was available to guide staff on how to

respond. The current contingency plan lacked guidance for staff in areas, such as, enhanced cleaning process to be implemented, laundry segregation and waste disposal arrangements, toilet and bathroom arrangements for those isolating without access to en-suite facilities and recommendations on current public health testing arrangements.

Furthermore, the provider had not put identified or responded to the risk to this centre's ability to adhere to the appropriate use of PPE.

Judgment: Not compliant

Regulation 28: Fire precautions

For the purpose of this inspection, residents' fire evacuation arrangements were reviewed. Regular fire drills were occurring and records of these demonstrated that staff could effectively support these residents to evacuate the centre in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Systems were in place for the re-assessment of residents' needs and updating of personal plans, as and when required. Since the last inspection of this centre, no changes had occurred to the assessed needs of these residents. Daily opportunities were also provided for residents to attend day services, have an individualised service in the comfort of their own home and to access local facilities and amenities.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were some residents in this centre who required on-going positive behaviour support and the provider had ensured that these residents were at all times supported by the number of staff that they were assessed as requiring. Staff who met with the inspector, knew these residents well and were very aware of their requirement in promoting positive behavioural support. At the time of this inspection, low-level negative interactions were identified between some residents and staff had ensured these incidents were reported and were receiving additional support from behavior support specialists, in the management of these interactions,

at the time of this inspection.
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	Not compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Ard Na Gréine Services OSV-0005537

Inspection ID: MON-0038510

Date of inspection: 25/01/2023

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The PPIM is assuming the role of Deputy PIC, There is also a Team Leader appointed as of the 01/01/2023. The team leader is allocated 18 hours administration time. A recruitment drive is currently underway to recruit and appoint a PIC.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PPIM is the Deputy PIC, Team Leader appointed as of the 01/01/2023. Recruitment process in in place to appoint a PIC. An induction meeting was carried out on site with Deputy PIC/ PPIM on 07/02/2023, Safeguarding, Restrictive practice policy and risk management were among a number of topics that were discussed. Deputy PIC/PPIM is available Monday to Friday out of hours via phone and email if team leader requires support. Weekly meetings are in place with Team Leader and Deputy PIC/PPIM, These meeting will be conducted face to face or via Teams Meeting depending on availability. This will allow any concerns or issues to be addressed. PPIM provided guidance and direction in relation to the role and responsibilities, future meetings have also been scheduled and a direct line of support is now available.	

A clear line of support for staff in terms of on call is confirmed for weekdays and weekends out of hours – there is review of the on call system in place. A revised 7/7 on-call structure has been identified by the Senior Management Team, and arrangements for this are currently being finalised. It is intended that the new on-call arrangements will be communicated across services and implemented by end of March 2023.

Team Leader will complete weekly and monthly audits with the support of a Deputy PIC.

A review and update of assessment of needs of all service users was completed on 02/02/2023.

Workshops are now scheduled for the coming weeks to support all management roles in terms of peer on peer learning and training.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
A full review of IPC is scheduled to be completed by 13/03/2023, There is an updated protocol in place for all staff to follow if there is a potential or confirmed breakout of covid. All staff will contact Deputy PIC/ PPIM if they have any issues or concerns and receive further guidance and support. Any situation where issues are around implementing IPC measures will be individually risk assessed and risk assessments have been completed, All generic and individual risk assessments are reviewed and updated. Risk Management training is also being sourced for all staff by PIC/PPIM.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
A review of all contingency plans is in place and will be completed by 28/02/2023, A protocol is now in place to provide guidance to all staff. If staff are unsure, they can contact Deputy PIC/ Monday to Friday, this also is available to the staff for out of hours. There is also on call at the weekend for supports. A message has been sent to all staff, This will be discussed at the team meeting on the 24/02/2023.

If there is any concerns relating to service users ability in a situation to adhere to all

protocols a risk assessment is in place. A meeting will be scheduled by Deputy PIC/PPIM and Team Leader if required to discuss the situation and further measures will be implement to manage the risk.

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 14(1)	The registered provider shall appoint a person in charge of the designated centre.	Not Compliant	Orange	30/04/2023
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	30/03/2023
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	Not Compliant	Orange	20/03/2023

	and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	20/03/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	03/03/2023