



# 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:	Announced
Date of inspection:	25 October 2022
Centre ID:	OSV-0005537
Fieldwork ID:	MON-0029265

## 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 service run 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 25 October 2022	11:00hrs to 15:20hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This inspection was facilitated by the person in charge and over the course of the day, the inspector had the opportunity to meet with one resident who lived here.

This centre comprised of one two-storey house, located on the outskirts of Galway city. Here, residents had their own bedroom, bathrooms and toilets and shared access to a sitting room, dining room, living room, kitchen, utility and staff office. The centre was well-maintained and had recently been repainted, with further redecoration works planned. Since the last inspection, a new kitchen and utility storage units were installed which had made a significant improvement to these rooms. Rooms were spacious, comfortably furnished and provided residents with a warm living environment. Some communal rooms were predominately used by some residents and these residents had contributed to the layout and features of these rooms. For example, one resident liked to use the dining room alot, where they had access to their books and laptop. Another resident liked to use the living room to watch television independent of their peers. In this room, they had their own drinks fridge, communication board and had items of reference to their football club of choice, proudly displayed. An enclosed garden area was available to residents at the rear of the centre and this was accessed by them, as and when they wished. An exercise bicycle was also recently sourced for the centre and residents were being supported to use this new piece of equipment in the comfort of their own home.

Upon the inspector's arrival to the centre, they met with one resident, who was taking part in an online yoga class with their supporting staff member. With the support of this staff member and person in charge, this resident told the inspector about their recent weight loss and of their plans to head out that afternoon. The other three residents had already left for their day service, which they attended each week. Here, they engaged in various activities, including, gardening, vegetable growing, walks and group events. All four residents were very socially active and additional staff support was made available to them in the evening and at weekends to support them to engage in activities of their choice. Due to the central location of this centre, residents had access to a range of local shops, cafes, restaurants and all other services and amenities, which were within walking distance from the centre. Residents regularly welcomed family and friends to the centre, and residents were encouraged and facilitated to visit family also. Personal goal setting was an important aspect of the service delivered to residents and staff were allocated to support them to work towards achieving their personal goals. For example, over the summer months, some residents went on a staycation, and the success of this trip was informing the actions needed to fulfill their personal goal to go abroad to attend a sports event. Other residents chose goals to promote their independence with their personal care and to promote positive contact with family members, and the person in charge told the inspector about the progress that was being made by these residents to achieve these. Since the last inspection, a new resident was admitted to the centre and the person in charge spoke of the positive transition made by this resident. They were getting on very well with their peers and had

settled well into their new home.

A large emphasis was placed with regards to supporting residents with assessed communication needs. For example, for one resident, routinely each day, staff met with this resident upon their return from day service, to take time with them to discuss how their day went and to talk about what their plans for the evening. Sign language and communication boards were used to do this, which was an effective means of communicating for this resident. In the kitchen, there was a visual roster and communication board displayed, which allowed residents to refer to, to see which staff members were on duty and also see what planned activities were scheduled for the week. To further promote resident' rights in this centre, one resident was nominated as the centre's Advocacy Champion, whereby, they attended various meetings to give the views and opinions of their peers, with regards to the quality of service they receive.

The continuity of staff was paramount to the quality of service that was delivered to these residents. With respect to some residents who required specific behavioural support, this meant that these residents were always cared for by staff who knew how to effectively implement the recommended interventions set out in their behaviour support plan. Over the course of this inspection, the inspector witnessed multiple times where these interventions were required, and the staff on duty demonstrated their competence in providing this resident with the proactive strategies required, bringing this resident back to baseline.

Overall, this was found to be a centre that provided residents with a service that was meaningful to them and that strived to promote their independence, to afford them with the best possible quality of life.

## Capacity and capability

This was an announced inspection to assess this provider's overall compliance with the regulations. Overall, the inspector found that this was a well-run and well-managed centre that ensured residents received a good and safe quality of service. Of the regulations inspected against as part of this inspection, these were found to be in full compliance.

The person in charge held a full-time role and was regularly present in the centre each week to meet with residents and with his staff team. He knew the residents and their assessed needs very well and was also very aware of the operational needs of the service delivered to them. He held regular meetings with his staff team, which allowed for discussions to be had about the care and support that residents received. He was also in frequent contact with his line manager to ensure operational issues were also reviewed and discussed. He was responsible for another centre operated by this provider and current governance and management arrangements allowed for him to have the capacity to ensure this centre was

effectively managed.

There was a consistent staff team working in this centre, which had a positive impact on the continuity of care for residents. Where residents required one-to-one staff support, this was consistently provided for them. Additional staff were rostered in the evenings and at weekends, which meant that residents had the staff support that they required to take part in activities of their choice. Although the use of relief staff was minimal, where additional staffing resources were required, the provider had arrangements in place for this, should it be required. Staff received various training relevant to their role and arrangements were in place to provide refresher training in these areas, as and when required.

The monitoring of the quality and safety of care in this centre was largely attributed to the completion of six monthly provider-led visits. A copy of the most recent report was reviewed by the inspector and it was found to review relevant aspects of this service and identify where specific improvements were required. This resulted in a time bound action plan being developed and at the time of this inspection, the person in charge was overseeing the completion of actions required to address the issues raised. The reporting, review and response to incidents occurring was also overseen by the person in charge, who had ensured that all incidents were notified to the Chief Inspector of Social Services, in accordance with the requirements of the regulations.

#### Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection, the provider was preparing an application to submit to the Chief Inspector of Social Services, to renew the registration for this centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly present at the centre to meet with staff and residents. He had strong knowledge of the residents' needs and of the operational needs of the service delivered to them. He held responsibility for another centre operated by this provider and current arrangements gave him the capacity to ensure this centre was effectively managed.

Judgment: Compliant

#### Regulation 15: Staffing

The centre's staffing arrangement was subject to regular review, ensuring an adequate number and skill-mix of staff were on duty, day and night, to support these residents. For example, where residents required one-to-one staff support, this was consistently available to these residents. There was a consistent staff team in place in this centre, which had a positive impact on the continuity of care that residents received. Where additional staffing resources were required, arrangements were in place to provide this.

Judgment: Compliant

### Regulation 16: Training and staff development

Effective staff training arrangements were in place, ensuring all staff had access to the training they required appropriate to their role. All staff also received regular supervision from their line manager.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced with regards to staffing, transport and equipment. Regular staff team meetings were being held, which gave staff and the person in charge the opportunity to review residents' care and support arrangements. The person in charge was also in frequent contact with his line manager to review operational matters. Six monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available at the centre which contained all information as required by Schedule 1 of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had a system in place for all incidents to be reported, reviewed and responded to. He also ensured that all incidents were notified to the Chief Inspector, and when required by the regulations.

Judgment: Compliant

## Quality and safety

In this centre, residents were found to receive an individualised service that was cognisant of their assessed needs and of the specific care and support that they required. Social care was also an integral aspect of the service delivered to them, with residents having multiple opportunities to engage in their preferred activities.

The four residents that lived in this centre lived very active lifestyles, with some attending day services during the week, while others were supported to spend their recreational time at home, with the support of staff. Personal goal setting was important to these residents, with some having identified goals around overseas trips, while others concentrated on goals to promote their independence with the personal care. Staff were allocated with supporting these residents towards achieving these goals and the progress made was routinely overseen by the person in charge. Residents' needs were regularly assessed for and personal plans were then developed to guide staff on the specific care and support that residents required. Although residents' health care needs were minimal in this centre, where residents had assessed health care needs, clear guidance was in place, outlining the specific support that these residents required. For example, for residents with assessed nutritional needs, clear guidance was in place outlining the specific meal preparation that these residents required. There was also good multi-disciplinary support available to residents and staff linked in with the relevant professionals about residents' health care interventions, as and when required.

Some residents required positive behavioural support and suitable arrangements were put in place by this provider to ensure they could meet the needs of these residents. Where behavioural incidents occurred, these were reviewed by the person in charge and measures were put in place, with multi-disciplinary input, resulting in better behavioural support interventions being identified. For example, following a trend of such incidents in the months prior to this inspection, the person in charge had sought the support of a behavioural support specialist in the review of this resident's behaviour support plan, resulting in these incidents no longer occurring for this resident. Over the course of this inspection, the inspector observed multiple occasions where both the person in charge and staff member effectively implemented proactive strategies in response to the behavioural support needs of a resident. This resident was observed to respond well to these interventions,

resulting in them going about their day as planned. There were some restrictive practices in use in this centre and these were subject to regular review. Where environmental restrictions were in use, such as the locked doors, the provider had ensured these restrictions did not impact residents who these restrictions were not intended for, by providing these residents with their own keys, allowing them to come and go from the centre as they wished.

These residents had a good understanding of the procedure to be followed in the event of fire and records of fire drills clearly demonstrated that staff could support residents to evacuate in a timely manner. Since the last inspection, the fire procedure for the centre had been reviewed to give better clarity to staff on how to respond, should a fire occur. The timely identification and response to risk in this centre was primarily linked with the regular presence of the person in charge at the centre, frequency of staff team meetings and on-going engagement between staff and residents. Where risk was identified, it was responded to quickly so as to ensure the safety and welfare of residents was protected. Of the incidents that were occurring, these were trended by the person in charge and where it was identified that additional control measures may be required, these measures were promptly put in place.

The safeguarding of residents from harm was largely focused on in this centre. There was effective oversight of peer to peer engagement, as and when required, and staff were also cognisant of the specific measures that were in place to safeguard residents. Topics around safeguarding were regularly discussed with these residents, encouraging and supporting them to increase their self-awareness and understanding needed for their own self-care and protection.

## Regulation 10: Communication

Where residents had communication needs, the provider had ensured they had the support that they required to express their wishes. Staff were aware of the specific communication needs that some residents had, and had ensured each resident was provided with time and care to express their thoughts and preferences about the service that they received.

Judgment: Compliant

## Regulation 11: Visits

Residents were supported to accept visitors into their home and were also facilitated to have overnight stays and visits with family members.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider was providing each resident with appropriate care and support in accordance with the nature of residents' disabilities, assessed needs and their wishes. Residents had access to a wide range of social activities and had multiple opportunities to engage in activities that they enjoyed. The layout and design of this centre allowed for residents to have recreational space away from their peers, if they so wished to do so, and residents were also supported to maintain links with their local community.

Judgment: Compliant

### Regulation 17: Premises

The centre was well-maintained, spacious, clean and homely. Residents had their own bedroom, bathrooms and shared access to a sitting room, living room, dining room, kitchen, utility and enclosed garden space. Rooms were tastefully decorated and provided residents with a comfortable living environment.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had ensured a system was in place for the identification, response and review of all risks in this centre. Where resident specific risk was identified, appropriate measures were put in place to maintain the safety and welfare of residents. Incidents were reviewed on a regular basis, which allowed for trending to occur and inform risk management activities within this centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had measures in place to ensure residents were maintained safe from the risk of infection. At the time of this inspection, no resident had an acquired health care associated infection. In response to public health safety guidelines,

contingency plans were in place, should residents become symptomatic of Covid-19. The person in charge demonstrated good knowledge of how to implement this plan and this plan was also subject to regular review to ensure its continued effectiveness in supporting this centre, should an outbreak of this infection occur.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had effective fire safety precautions in place, including, regular fire safety checks, fire detection and containment arrangements, emergency lighting and all staff had up-to-date fire safety training. Regular fire drills were occurring and records of these clearly demonstrated that staff could support residents to evacuate the centre in a timely manner. All residents had an evacuation plan in place, outlining the specific support they would require, in the event of fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents needs were assessed for on a regular basis and personal plans were then developed to guide staff on the support that residents required. Personal goal setting was developed with each resident and specific actions were then put in place for staff to follow in order to support resident to work towards their chosen goals.

Judgment: Compliant

### Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents had access to the care and support that they required. Guidelines were put in place and readily available to guide staff who were supporting residents with particular health care needs. All residents had access to a wide range of allied health care professionals, who provided support to residents with this aspect of their care.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where residents required positive behavioural support, these residents were cared for by staff who knew them well and were familiar with the specific behavioural support interventions to be implemented. Clear behaviour support plans were in place for these residents and were subject to regular multi-disciplinary review. Where restrictive practices were in place, these were also subject to regular review to ensure the least restrictive practice was at all times used.

Judgment: Compliant

## Regulation 8: Protection

There was a safeguarding plan in place and was being effectively implemented within this centre. All staff had received up-to-date training in safeguarding and a system was in place to support them in the identification, reporting and response to any concerns relating to the safety and welfare of residents.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre, with each resident's individual preferences being respected by all staff. Residents were regularly consulted about the running of their home and activities and schedules were very much developed on the basis of residents' assessed needs and preferences for how they wished to spend their time. One resident was identified as the Advocacy Champion for the centre and represented the thoughts and views of their peers at such meetings.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant