



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

## Issued by the Chief Inspector

Name of designated centre:	Grangemore Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	03 March 2021
Centre ID:	OSV-0001493
Fieldwork ID:	MON-0031039

## About the designated centre

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

Grangemore Services can support up-to-five residents with an intellectual disability. Residents with autism, epilepsy and mental health needs can also be supported at this centre. At the time of inspection, four residents had a full-time placement and there was one vacancy. Each resident had their own bedroom and were supported to attend their local community in line with their expressed wishes. Each resident also attended individual day services and two residents were assisted to attend work placements.

Residents were assisted by a combination of social care workers and social care assistants and a sleep in arrangement was in place to support residents during night-time hours. The centre was located in a suburban area of a large city. Transport was not provided by the centre; however, public transport links were readily available and transport was sometimes shared between other designated centres.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 3 March 2021	10:30hrs to 14:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

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

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

It was apparent that the rights of residents were supported and actively promoted. Residents attended regular house meetings where topics such as activities, meal choices and safety measures were discussed. These meetings were also used as a platform in which to discuss COVID-19 with residents and how the disease would impact on their lives. The person in charge also explained how residents attended online classes in regards to the importance of hand hygiene and maintaining social distancing and a review of residents' meeting minutes indicated that they enjoyed attending these online sessions. These meetings also outlined to residents how COVID-19 would affect their daily lives in particular in relation to activities and contact with families. A pleasant note was also entered by residents as to the importance of looking after each other and also in regards to supporting and treating each other with respect during the implementation of restrictions.

Residents also had access to easy read information in regards to the importance of hand hygiene and maintaining social distancing which helped them to understand how these measures would help to protect them. The provider had also completed a person centred assessment which assisted residents to understand how they might need to attend hospital if they become unwell as a result of acquiring COVID-19. The inspector found that this measure was a proactive approach to care and highlighted how residents' well being was to the forefront of care. Residents had also undergone testing for COVID-19 and they were assisted to understand this process through discussion at residents' meetings and also by watching an on-line video. The resident's individual right to refuse testing was also discussed.

The inspector did not meet with any residents during the inspection as when the inspector attended the centre they were busy out and about in their local community, with one resident participating in a local theatre company and two other residents attending separate interviews to also become members of this same theatre group. The other remaining resident was supported to engage in a community activity and a review of documentation indicated that overall, residents were supported to enjoy a good quality of life. Residents were supported to visit a nearby service at the weekends where they enjoyed feeding a pet cat and also attending to farm animals such as chickens and donkeys. One resident also had an interest in planes, trains and boats and they had continued to enjoy plane and train

watching throughout the national restrictions.

Prior to the implementation of restrictions, some residents were attending day services during weekdays; however, due to the impact of COVID-19, residents' day services were suspended and residents were supported to have an individualised service from their home. A review of notes within the centre indicated that residents were enjoying these arrangements and the annual review of the service also indicated that a resident's family felt that their relative was more happy and content as a result. The person in charge discussed these arrangements and a review of notes indicated that the staff team were advocating to support residents to continue with this individualised approach to care.

Overall, the inspector found that residents were supported to enjoy a good quality of life and when the inspector attended the centre it was very warm and homely in nature. The arrangements which assisted in supporting a good quality of life for residents will be discussed in the subsequent sections of the report.

## Capacity and capability

The inspector found that the governance arrangements in this centre ensured that residents received a service which was adequately resourced and promoted their safety and well being. The inspector also found that all reviews and audits as stated in the regulations had been completed which assisted in improving the quality and safety of the service which was provided.

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

The provider had prepared a centre specific contingency and preparedness plan in response to COVID-19 and the inspector found that this document was a robust and easy-to-read document which laid out in a concise manner how the centre would respond to a suspected or confirmed case of COVID-19. It outlined the roles and responsibilities of two separate teams who would oversee the response and it also clearly detailed the increased hygiene and staffing arrangements which would be required. The inspector also noted that this plan was very much focused on the well being of residents and it outlined how care should be provided in the event of an outbreak occurring. It also focused on creating a meaningful day for residents who may need to self isolate which demonstrated that the provider was committed to delivering a person centred service.

The provider had completed all prescribed audits and reviews and the person in charge was conducting regular reviews in care areas such as medications, resident finances and fire safety which assisted in ensuring that the quality and safety of care was maintained to a good standard. There was also a COVID-19 audit in place which

examined protective measures such as hygiene, residents' well being, personal protective equipment (PPE) stocks and sign and symptom checks of the disease. The inspector found that these proactive measures enhanced the infection, prevention and control arrangements which were in place and in turn, promoted the well being of residents.

Overall, the inspector found that the provider had implemented oversight arrangements which promoted the safety and well being of residents who used this service. It was also clear that the person in charge and the provider were committed to delivering and sustaining a good quality service which promoted the rights and welfare of residents.

### Regulation 15: Staffing

The person in charge also maintained an accurate rota which indicated that residents received continuity of care from staff members who were familiar to them.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a training programme in place which assisted in ensuring that staff could assist residents with their individual needs. The provider had also ensured that staff had completed additional training in hand hygiene, personal protective equipment (PPE) and infection prevention and control which also promoted the quality and safety of care which residents received.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had governance arrangements in place which ensured that residents received which met their needs. All audits and reviews as required by the regulations had been completed and the information which was gathered for these processes was used to improve the overall quality and safety of care.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of care which was provided was maintained to an overall good standard. A review of documentation indicated that residents' rights were promoted and that residents enjoyed living in this centre.

The inspector reviewed a sample of personal plans which were found to be comprehensive in nature and outlined supports which residents required and also how they liked to be assisted with these support needs. Residents also had access to a goal setting process which enabled them to identify and achieve personal goals. Goals such as holidays and getting a new work shed for the centre's garden had been chosen for one resident, with the shed being referenced in the centre's annual review as an on-going requirement. Goals such as holidays had been put on hold due to COVID-19, but residents had been assisted with goals they could achieve during national restrictions such as plane watching, picnics and attending on-line classes .

As mentioned earlier in the report, it was apparent that residents were very much involved in the running and operation of their home. Regular residents' meetings facilitated participation in decisions about their home and these meetings also supported residents to understand how COVID-19 would impact on their lives and also how they could protect themselves from acquiring the disease. The provider also clearly demonstrated that the rights of residents were actively promoted as information sessions in assisting residents in understanding COVID-19 testing had occurred and during these sessions the topic of consent was actively discussed.

The provider had a robust risk management procedure in place and the person in charge had completed risk management plans for concerns such as COVID-19 and fire safety. Each resident also had individualised risk assessments which promoted their safety and independence, for example residents were supported to safely participate in activities which they enjoyed such as cycling, cookery and cutting the centre's lawn. The provider also had a system in place for monitoring and responding to adverse events and a review of these events indicated that the person in charge had responded in a proportionate manner to events which occurred prior to the inspection.

The provider had taken the impact of COVID-19 seriously and they had ensured that increased hygiene regimes and infection prevention and control arrangements had been implemented in the centre. Staff had access to sufficient stocks of PPE and a donning and doffing area had been made available to staff.

Overall, the inspector found that residents were supported to enjoy a good quality of life and that the provider and staff team were making considerable efforts to ensure that national restrictions did not excessively impact on the well being of residents.



## Regulation 26: Risk management procedures

The person in charge maintained a risk register which promoted the safety of residents. Risk assessments had been completed in response to COVID-19 and issues which also impacted on individual residents. A review of adverse events also indicated that the person in charge was responsive to incidents which had occurred.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had introduced increased hygiene regimes and regular signs and symptom checks of COVID-19 were occurring. Staff also had access to PPE and additional signage was distributed throughout the centre to remind residents and staff of the importance of hand hygiene.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were reviewed on a regular basis. Residents were supported to remain active during national restrictions and planning was in place to support residents with future goals.

Judgment: Compliant

## Regulation 6: Health care

Residents had good access to their general practitioner of choice and they were reviewed by specialists in health care as and when required.

Judgment: Compliant

## Regulation 8: Protection

The centre appeared like a pleasant place in which to live and there were no

safeguarding concerns at the time of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were actively involved in decisions about their care and they also attended regular house meetings which promoted their inclusion in the operation and running of their home.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
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