



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

Name of designated centre:	Grangemore Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	12 November 2018
Centre ID:	OSV-0001493
Fieldwork ID:	MON-0021530

## 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

To prepare for this inspection the inspector or 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
12 November 2018	09:00hrs to 14:30hrs	Ivan Cormican	Lead

## Views of people who use the service

The inspector met with three residents on the morning of inspection. Two residents spoke with the inspector and they both discussed their satisfaction with the service which was provided in the centre. Residents also stated that they liked the staff members who supported them.

One resident was non-verbal but the inspector observed that they could interact with staff members through the use of sign language. This resident appeared relaxed in the centre and was busy preparing their own breakfast.

## Capacity and capability

Overall, the inspector found that the governance and management arrangements in this centre ensured that residents were safe and received a good quality service.

A review of recent complaints and adverse events in the centre indicated that some issues of concern had occurred; however, the provider had recognised and responded to these issues in a prompt manner which ensured that the safety and satisfaction of residents was promoted and sustained at all times.

The governance arrangements in the centre also ensured that effective oversight was in place to monitor care practices in the centre. All prescribed audits had been completed and a robust action plan had been implemented by the person in charge in response to any identified improvements which were required. The person in charge was also completing further audits of practices within the centre which also ensured that residents received a good quality service. The annual review of the service had recently been completed following a consultation process with residents and their representatives. Following this review a plan had also been developed to assist in sustaining improvements in the centre.

The provider had ensured that a competent workforce was employed to support residents by offering both refresher and mandatory training in areas such as fire safety, safeguarding and supporting residents who may engage in behaviours of concern. The person in charge was also providing scheduled staff supervision and team meetings were regularly occurring, which ensured that staff members were given the opportunity to discuss care practices within the centre.

## Regulation 16: Training and staff development

Staff were up-to-date with training needs and received both support and supervision and a planned basis.

Judgment: Compliant

### Regulation 23: Governance and management

The governance arrangements in the centre ensured that the quality and safety of care which was provided to residents was maintained to a good standard at all times. The provider had conducted all unannounced audits as required and the person in charge was conducting regular reviews of the care practices within the centre.

Judgment: Compliant

### Regulation 30: Volunteers

There was one volunteer in place in the centre who supported one resident to attend the community on a planned basis. This volunteer had undergone a vetting disclosure and support was provided by the person in charge. The volunteer also had their roles and responsibilities set out in writing.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had ensured that all three day notifications had been submitted as required; however, not all restrictive practices had been included on quarterly returns as required.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The provider maintained a record of all received complaints in the centre. The person in charge had ensured that all complaints were responded to in a prompt manner and that the complainant received feedback in regards to their outcome of their complaint.

Judgment: Compliant

## Regulation 15: Staffing

A review of the staff rota indicated that residents' received continuity of care from staff members who were familiar to them; however, some improvements were required to the rota to ensure its accuracy was maintained at all times.

Judgment: Substantially compliant

## Quality and safety

The inspector found that residents enjoyed a good quality of life and that the safety of care which was provided in the centre was maintained to a good standard.

The centre appeared to be a pleasant place to live and residents and staff members interacted in a casual and friendly manner with each other. One resident was assisted to prepare a cooked breakfast on the morning of inspection and they had planned to get the public bus to their day centre with the assistance of a staff member. The inspector observed that residents were regularly consulted on the morning of inspection in terms of choice and this ensured that residents were supported to maintain control of their daily lives. Residents also attended regular house meetings where they were assisted in making decisions in regards to activities and meals choices. These meetings were also used as a forum to assist residents to better understand some practices in the centre such as fire safety and how to make a complaint.

The provider had responded in a prompt manner to safeguarding concerns which had occurred in the centre and two plans were implemented to address these concerns. These plans was kept under regular review and all generated actions were addressed by the staff team. The inspector found that these arrangements ensured that residents' safety was maintained to a good standard and that both safeguarding concerns were resolved at the time of inspection.

The person in charge maintained a risk register which assisted in the on-going monitoring and review of risks in the centre. There were some resident specific risks in the centre such as the use of restrictive practices, behaviours of concern the use of gardening equipment. The person in charge ensured that these risks were kept under regular review which promoted the safety of residents at all times.

There were good improvements in regards to medication practices since the last inspection of this centre. Medications were appropriately stored and the administration of medicinal products was maintained to a good standard. Residents' had also been consulted in regards to managing their own medications and an assessment had been completed to determine if residents could safely self medicate.

## Regulation 10: Communication

Staff members were observed to be able to communicate with all residents who were present on the morning of inspection. Additional supports had also been implemented to support a resident to communicate through the use of pictures; however, this resident's communication passport had not been updated to reflect the positive changes which had occurred to support this resident's communication needs.

Judgment: Substantially compliant

## Regulation 11: Visits

Resident's individual wishes were respected in terms of having visitors in the centre. The provider maintained a visitor's book and there was an adequate number of reception rooms for residents in private if they so wished.

Judgment: Compliant

## Regulation 12: Personal possessions

An inventory of a residents' possessions was maintained and residents were supported to manage their financial affairs. The staff team maintained a record of all financial transactions and the person in charge was conducting regular audits of money which was spent on the behalf of residents.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents' educational, developmental and employment needs were supported through their individual day services. One resident was supported to attend work placements and another resident was supported to offer garden care services for which they received payment.

Judgment: Compliant



## Regulation 18: Food and nutrition

Fresh fruit and snacks were freely available in the centre and residents were supported to prepare and cook their own meals in line with their individual wishes. There were no specific dietary requirements present on the day of inspection.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider was proactive in responding to identified risks in the centre and there was a management plan in place which ensured that the safety of residents was maintained to a good standard.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had taken fire safety seriously and fire precautions such as fire doors, alarm system, emergency lighting and fire extinguishers had been installed in the centre. Appropriately qualified professionals were employed to ensure that these precautions were serviced as required and staff were regularly reviewing fire safety systems which included conducting scheduled fire drills.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were appropriate medication practices in place and residents had been assessed to manage their own medications.

Judgment: Compliant

## Regulation 8: Protection

Staff members had received safeguarding training and the provider had systems and

procedures in place to ensure that the safety of residents was maintained to a good standard.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were registered to vote and information was on display in regards to the recent presidential election and referendum. Residents attended regular meeting which promoted choice in the centre, residents were also observed to be consulted on the morning of inspection in regards to choice of meals and activities.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 15: Staffing	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Grangemore Services OSV-0001493

Inspection ID: MON-0021530

Date of inspection: 12/11/2018

## 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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All restrictions will now be included on the quarterly returns.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The rota has now been reviewed and contains all relevant information, including contracted and relief staff. Discussed with staff team on 15/11/2018 to ensure that all entries on the rota are accurate.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>The resident's Communication Plan has now been updated to reflect all the changes that have occurred to support the resident's communication needs.</p>	

## Section 2: Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	28/11/2018
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	15/11/2018
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	31/12/2018