

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Grange View Services
Centre ID:	OSV-0004063
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 August 2016 15:00 To: 17 August 2016 20:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 18 May 2016. As part of this inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection. Of the nine actions required, seven had been addressed in line with the provider's response and two had not been satisfactorily addressed and remained non-compliant on this inspection.

How we gathered our evidence

As part of the inspection, the inspector met with five residents. The inspector also spoke with four staff members, including the person in charge. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre were also reviewed.

Description of the service

The centre comprised one house that accommodated five residents who have intellectual disabilities, with some residents also having behavioural support needs.

Each resident had their own bedroom which was decorated with personal effects such as posters and pictures of family and friends. There was an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. One of the residents had an en suite bedroom and individualized living space. There were also adequate communal rooms available for residents to have visitors such as family and friends. The house was located within walking distance of a local village and suitable transport was available to residents in order to access facilities within the local community. Throughout the inspection, the inspector observed staff interacting with residents in a warm and caring manner. Residents appeared comfortable in the presence of staff and each other. The inspector observed an evening meal which was a relaxed communal event. Residents also interacted warmly with the inspector and chatted freely throughout the evening.

Overall judgment of our findings

The inspector found that residents received a good quality of service in the centre, although there some areas for improvement identified.

The inspector found examples of compliance with the regulations in the following areas:

- The premises were well maintained both internally and externally and met the assessed needs of residents (outcome 6)
- Residents' health was promoted (outcome 11)
- Medications were administered in line with best practice (outcome 12)
- Governance and management structures supported quality and safety (outcome 14).

The inspector found improvement was required in the following areas:

- Actions from the previous monitoring inspection were not implemented within agreed timelines (outcome 1)
- Actions from the previous monitoring inspection were not implemented within agreed timelines (outcome 5)
- Residents' goals were not reviewed on an annual basis (outcome 5)
- Residents and staff were not supported in terms of infection control (outcome 7)
- Risk management plans failed to highlight all utilized control measures (outcome 7)
- Restrictive practices were not addressed in terms of risk (outcome 7)
- The provider failed to maintain an accurate staff rota (outcome 17).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that residents were consulted with, and participated in the running of the designated centre. The inspector also found that new protocols had been implemented since the previous monitoring inspection to address behaviours which may compromise the privacy and dignity of residents. However, the inspector also noted that a functional assessment in regards to residents' privacy and dignity, which was detailed in the previous action plan from the provider, had failed to be completed within the agreed timelines.

Residents attended monthly house meetings for which minutes were available. The house meetings facilitated residents who were non-verbal through the use of pictures. Each resident had a record of recent house meetings in a visual format which was available for them to view as they so wished. The newly appointed person in charge stated that residents were also going to have individual monthly key worker meetings in which advocacy, complaints and residents' rights will be discussed. The inspector also observed that information on advocacy was freely available to residents throughout the centre. The action from the previous monitoring inspection had been implemented with residents' meetings occurring in relation to a recent admission to the centre.

The inspector observed staff interacting with residents in a caring and respectful manner with residents also appearing relaxed during any interactions. Each resident had an intimate care plan in place which detailed the supports that residents may need with personal care. Each plan reviewed by the inspector promoted the independence of residents and detailed assistance that residents may need such as the use of verbal

prompts and visual objects.

The inspector observed that the designated centre had a complaints policy in place. The centre also had a user friendly complaints procedure on display which indicated who was nominated to deal with complaints. The inspector also reviewed recorded complaints within the designated centre, all of which were dealt with in a prompt manner by the service provider. Two staff were interviewed in relation to the complaints procedure within the designated centre. Both staff had a good understanding of the complaints procedure and could identify the nominated persons who dealt with complaints.

The inspector also reviewed a sample of residents' finances. All recorded balances viewed by the inspector were accurate on the day of inspection. All receipts were referenced and accurately detailed residents' spending within the designated centre.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that residents' well being was maintained to a good standard within the designated centre. However, the actions from the previous monitoring inspection had not been fully addressed as an on-going assessment of a resident's needs had not taken place within the agreed timelines that had been submitted to HIQA.

The inspector reviewed a sample of personal plans within the designated centre. Each plan indicated that residents were supported by allied health professionals such as psychology, speech and language and occupational therapy. Residents also attended health professionals such as general practitioners and psychiatry on a regular basis.

Residents were also supported to participate in meaningful activities within the local community. Residents attended mass, discos, visited friends and went swimming in a nearby pool. Residents also had individual goals identified such as attending horse shows and horse racing events. Residents were supported to achieve these goals through the use of circle of support meetings which involved residents' families, key workers, the person in charge and day centre staff. However, the inspector noted that one resident did not have any goals planned for 2016 as a planning meeting had not taken place as scheduled.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection the inspector found that the premises met the assessed needs of residents.

The actions from the previous monitoring inspection had been addressed with appropriate alterations made to the living area for residents. The designated centre was a large bungalow located on the outskirts a small village and had access to shops, a public house, a church and taxis. Residents had a spacious bedroom which had adequate amounts of storage space available in the form of wardrobes and lockers. One resident had an en suite bedroom and access to an individualized living area.

Reception rooms were also available which were comfortably furnished to suit the needs of residents. On the day of inspection, both houses were warm, clean, bright and well ventilated. Laundry facilities were also made available to residents. There was also a staff room and a separate office.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that the health and safety of residents, visitors and staff was promoted and protected within the designated centre. However, the inspector also found that improvements were required in relation to risk management and infection control measures.

The inspector found that the designated centre had policies and procedures in relation to risk management. There was a risk register present in relation to all identified risks within the centre. However, the inspector found that improvements were required in relation to risk management plans for residents. Control measures listed on risk management plans in relation to a risk of burns from hot drinks did not accurately reflect what staff were implementing in practice, such as the awareness of visitors and avoiding cafes and restaurants during busy periods. Restrictive practice procedures used within the centre stated that restrictions may be implemented if due process had been completed i.e. a risk assessment had been completed by the appropriate clinical support staff. However, the inspector found that some restrictive practices used within the centre, such as access to the kitchen and music equipment, were not addressed in terms of risk.

The inspector reviewed further risk assessments which highlighted risks such as bodily fluids and self injurious behaviour. The inspector found that the provider had not addressed these risks in terms of infection control. The inspector also found that staff had not been offered infection control training. The policy on infection control indicated that the organization had adapted the principles of a community infection prevention and control manual from an external organization. However, the inspector found that the centre did not have any information available in relation to these principles.

The centre had fire precautions in place. There was fire fighting equipment available which was regularly serviced. The centre had completed night and day time fire drills in response to an action from the previous monitoring inspection. The centre's emergency evacuation plan and resident's personal emergency evacuation plans had also been updated.

The centre also had procedures in place to monitor and learn from incidents. All recorded incidents were recorded electronically and responded to by the person in charge. Each resident also had a missing person plan in place which was regularly reviewed.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that the designated centre had adequate measures in place for the prevention, detection and response to alleged abuse.

The inspector reviewed a sample of behavioural support plans. All plans had been read and signed by support staff. Staff interviewed on the day of inspection had detailed knowledge of these plans and of the support measures employed in the centre to support residents who presented with behaviours that challenge. The plans had been developed through a multi-disciplinary process and had been recently reviewed. A recent safeguarding plan had been introduced following a notification to HIQA. Again staff had signed this plan and had a good understanding of the actions taken. All staff had been trained to support residents with autism as detailed in the action plan generated from the previous monitoring inspection. The inspector noted that there had been a marked decrease in the number of reported occasions that residents displayed behaviours that challenge since the previous monitoring inspection. Staff had also received training in safeguarding measures.

There were a number of restrictive practices in use in the centre on the evening of inspection. Some of these restrictive practices had been referred to the organization's restrictive practice committee for review and had been upheld. The use of restrictive practices policy indicated that the organization had procedures in place to facilitate the referral of restrictive practices to the restrictive practices committee. However, the inspector found that not all restrictive practices employed within the designated centre had been referred to this committee. The inspector also found that the procedures as mentioned in the use of restrictive policy were not available for review on the evening of inspection. The inspector spoke with the Provider regarding this detail during the inspection.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that residents were supported by the organization to have the best possible health.

Residents were supported by, and had access to, allied health professionals such as speech and language therapists, general practitioners, psychology and psychiatry. Residents' healthcare needs were regularly reviewed with any prescribed changes being implemented by staff. Residents also had care plans in place to guide staff in relation to specific needs such as epilepsy and the use of modified diets.

On the evening of inspection, the inspector observed staff preparing a home cooked meal which appeared nutritious and appetizing. Residents appeared to enjoy their evening meal in a relaxed setting with other residents. The person in charge indicated that residents who were non-verbal were supported to decide on meal choices at residents meetings through the use of pictures.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed documentation and work practices with regards to medication management within the designated centre. An organizational policy was in place which accounted for the appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Staff who administered medications had received training in the safe administration of medications. The inspector observed one staff member administering medication which was performed in line with best practice. Staff interviewed also had relevant knowledge in regards to the management of medications errors.

The inspector also reviewed a sample of medication administration records and prescription sheets. Prescription sheets contained the relevant information and were signed by the general practitioner. Medications administration records corresponded with prescriptions sheets, with no medication administration errors being noted on the evening of inspection.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that there were management systems in place which promoted quality and safety within the designated centre. The centre also had clearly defined management structures in place.

The person in charge was new to the role within the designated centre. The inspector found that she had a detailed knowledge of residents and of her role as the person in charge as detailed in the regulations. The person in charge received monthly supervision and stated that she felt supported by the organization to fulfil the duties of the person in charge. Monthly staff team meetings were taking place and the person in charge stated that planned staff supervision was due to commence.

The six monthly audit of the safety, quality and care provided in the centre had been carried out by the provider and a report was generated. The action plan from this report indicated that improvements were required in relation to the premises, risk management and safeguarding. The inspector found that the person in charge was working towards addressing these actions. The annual review of the designated centre had also taken place and a quality improvement plan implemented, the plan highlighted needs in relation to staff training and residents' communication plans.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that there were appropriate numbers of staff present to support the needs of residents. The actions from the previous action plan had been addressed with staff completing additional training on supporting residents with autism and supporting residents with behaviours that challenge.

The inspector reviewed the staff rota on the evening of inspection. The rota stated staff start and finish times and also accounted for night duty hours. However, the inspector noted that the rota only contained the first names of staff employed within the designated centre.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Grange View Services
Centre ID:	OSV-0004063
Date of Inspection:	17 August 2016
Date of response:	29 September 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that a functional assessment, which was detailed in the action plan response following the previous monitoring inspection, was completed within agreed timelines.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:

The functional assessment has been completed and is available in the designated centre.

Proposed Timescale: 22/09/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that residents' goals were reviewed in line with timelines stated in their personal plan.

2. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:

The resident's goals were reviewed at an individual planning meeting and set in conjunction with the person's relevant day service. A review system on a bi-annual schedule is established where the circle of support will include the Person in Charge, Key Worker, family member/advocate. The agreed goals will be monitored and outcomes recorded and signed off by the Person in Charge.

Proposed Timescale: 19/09/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that a comprehensive assessment of the health, personal and social care needs of a resident had been carried out within the agreed timelines submitted to HIQA.

3. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

social care needs of each resident is carried out prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:

The assessment of needs has been completed for the resident identified in the report.

Proposed Timescale: 23/09/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that all restrictive practices were addressed in terms of risk and that control measures used in relation to identified risks were listed on the risk management plan.

4. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

The risk register and risk assessments have been reviewed and updated, with additional information added for all residents.

The risk process and escalation system is disseminated to all staff and posted for accessibility.

Proposed Timescale: 21/09/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that staff had received appropriate training in infection control and that appropriate infection control guidance was made available to staff in the designated centre.

5. Action Required:

Under Regulation 27 you are required to: 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.

Please state the actions you have taken or are planning to take:

Infection Prevention Control Policy is in place, which states that the organisation has adapted the principles of the 'HSE Community Infection Prevention and Control Manual' insofar as it applies to Ability West. This is now in hard copy format in the centre and made available to all staff. Infection control has been discussed at a staff meeting and staff have been requested to sign off on their understanding of their responsibility re infection control.

Infection Prevention and Management Training is planned to be completed for all staff in the centre on the 06/10/2016.

Proposed Timescale: 06/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that all restrictive practices were reviewed by the organization's restrictive practice committee.

6. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:

Restrictive practices which were not clearly documented, have been referred through the Human Rights Committee processes on 23/09/2016. A response is expected on 7th October.

Proposed Timescale: 07/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that an accurate staff rota was maintained within the designated centre.

7. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
Full names of all staff working in the centre are on the rota and on display in the centre. This action has been completed.

Proposed Timescale: 18/08/2016